CYPRESS HEALTH REGION

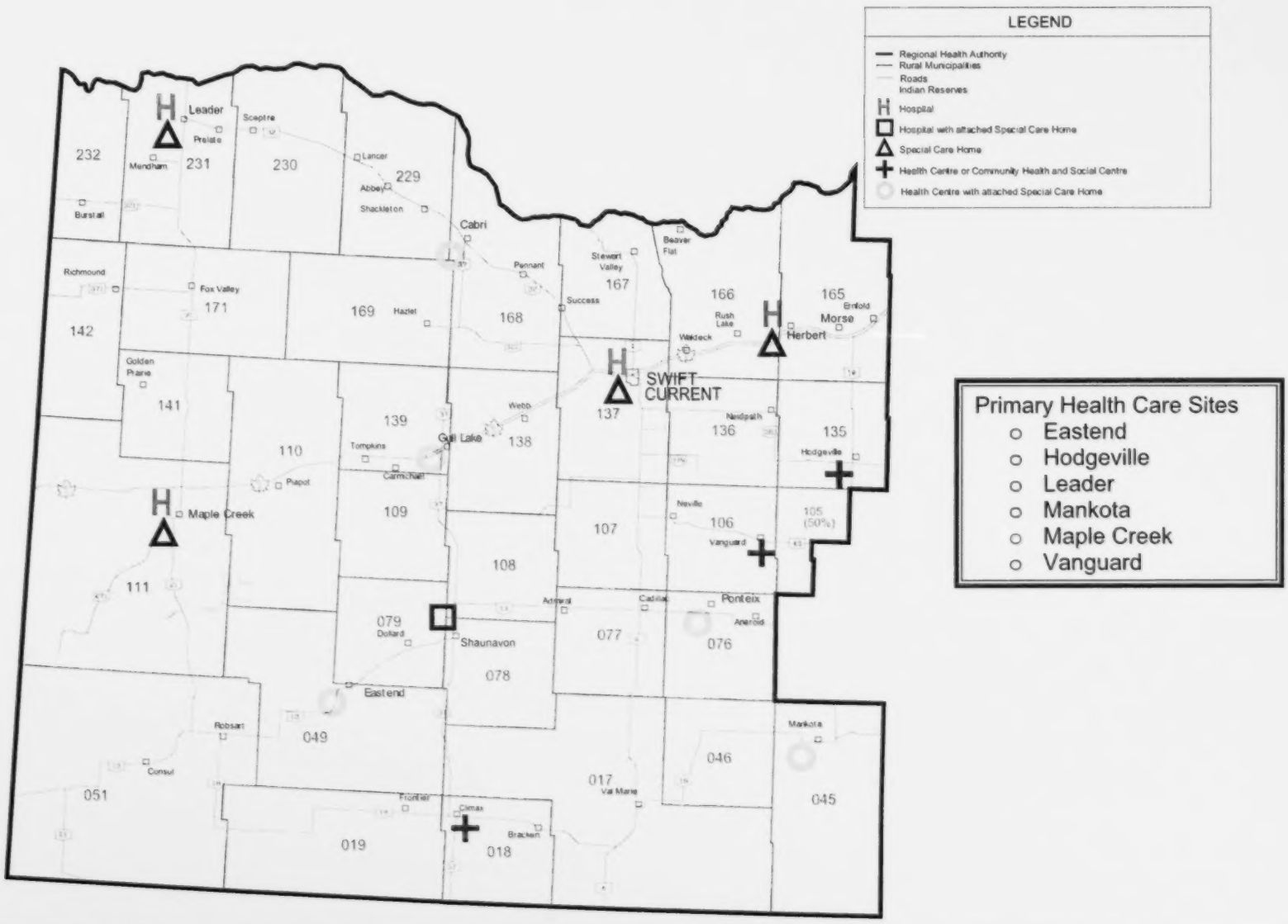
Annual Report to the Minister of Health

For the fiscal year ending
March 31, 2009

TOGETHER
Your Health, Our Future

Saskatchewan Health

Cypress Regional Health Authority



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Canadian Council on Health Services Accreditation
Conseil canadien d'agrément des services de santé
ACCREDITED • AGRÉÉ
Cypress Health Region
Saskatchewan
Congratulations on meeting national standards of excellence in quality care and service.
Félicitations pour avoir atteint les normes d'excellence nationales en matière de qualité des soins et des services.
2007 - 2010

The Cypress Health Region's
Annual Report to the Minister of Health
For the year ending March 31, 2009.
The report can also be accessed on the Cypress Health Region website:
www.cypresshealth.ca/publications.htm

Letter of Transmittal

TO: The Honourable Don McMorris
Minister of Health

Dear Minister McMorris,

The Cypress Regional Health Authority is pleased to provide you and the residents of the health region with its 2008-09 annual report. This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2009.

On behalf of the members of the Cypress Regional Health Authority, I would like to acknowledge the successes that our health region has enjoyed over the 2008-09 fiscal year. Of note, we would like to recognize:

- Funding announcements approving an integrated facility in Maple Creek, recruitment of second radiologist, and planning for long term care expansion in Swift Current;
- Continued enhancements to the primary health care network within the health region, with the addition of a sixth primary health care site and the recruitment of additional nurse practitioners;
- Implementation of new initiatives targeting the recruitment of health professionals, including an employee referral program, continued implementation of the 'Ottawa Nursing Model of Care', and ongoing relationships with union partners;
- Enhancing the diagnostic imaging capacities of the region via the installation of new x-ray equipment in two of our community hospitals;
- Investments targeting the enhancement of aging infrastructure within the health region; and
- The multidisciplinary efforts towards enhancing the quality of care that is provided and the workplace environment for our employees.

The contributions of our staff and physicians are essential to the successes achieved by the Cypress Health Region. Their ongoing support and dedication to quality health care is to be commended.

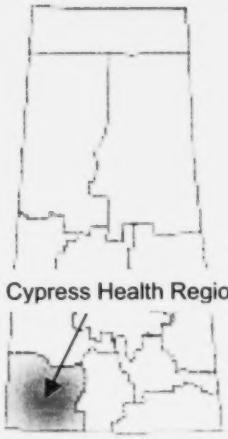
We appreciate the positive working relationship that exists with the Ministry of Health and the support their staff has provided during the fiscal year. The Cypress Health Region embraces the principles of the *Quality as a Business Strategy* (QBS) initiative and looks forward to enhancing the client experience and continued board/organization development.

Together – Your Health, Our Future

Respectfully submitted,

Tyler Bragg
Chairperson
Cypress Regional Health Authority

Who We Are



Cypress Health Region

The Cypress Regional Health Authority was established on August 1, 2002 with the proclamation of *The Regional Health Services Act*. The Authority assumed the operations of the former Rolling Hills, Southwest and Swift Current Health Districts as of this date. The Cypress Regional Health Authority (RHA) is one of 12 Regional Health Authorities that exist within the province.

The Minister of Health is responsible for the overall strategic direction of Saskatchewan's health system, determines provincial health service priorities, and allocates resources for service delivery. The Regional Health Authority is responsible for the planning, organization, delivery and evaluation of the health services it provides within its boundaries.

An *Accountability Document* between each RHA and the Ministry of Health further specifies the organizational program and service expectations for each RHA and links expectations with funding.

The Cypress Health Region is supportive of the strategic direction set out in the provincial government's approach for health care. In consideration of this support, the RHA developed a series of strategic statements that reflect the provincial approach to continuous improvement and our commitment to health care quality for the people of southwest Saskatchewan.

The health region's strategic statements were developed by the RHA to represent the region's focus on quality health care and target the overall provincial direction for health.

CYPRESS HEALTH REGION

Vision

Together – Your Health, Our Future

Our Values

- Safe Quality Compassionate Care
- Integrity and Accountability
- Ethical Decision Making
- Innovation and Learning
- Shared Responsibility for Improving Health
- Respect for Diversity

These value statements have been established to guide the many decisions that are made regarding the delivery of health programs and services throughout the health region.

Every value statement plays a role in the decision-making processes that occur. For example, a focus on "quality compassionate care" has been demonstrated through the region's ongoing involvement in the *Safer Healthcare Now!* initiative and participation in the variety of projects/research offered within the Health Quality Council (HQC).

"Innovation and learning" has been evidenced by early adoption of MDS (minimum data set) in Home Care, with the health region becoming one of the first regions in the province to have all home care staff trained and implementing this client assessment tool. The use of telehealth and teleconferencing technology has allowed staff, physicians and clients the opportunity to access long distance education.

CYPRESS HEALTH REGION

CYPRESS HEALTH REGION FACILITIES

Community	Facility	Total # of Beds
Cabri	Prairie Health Care Centre	22
Climax	Border Health Centre	0
Eastend	Eastend Wolf Willow Health Centre	28
Gull Lake	Gull Lake Special Care Centre	37
Herbert	Herbert & District (Acute)	8
	Integrated Facility (LTC)	40
Hodgeville	Hodgeville Health Centre	0
Leader	Leader Hospital	21
	Western Senior Citizens Home	36
Mankota	Prairie View Health Centre	20
Maple Creek	Maple Creek Hospital	20
	Cypress Lodge	48
Ponteix	Ponteix Health Centre	0
	Foyer St. Joseph Nursing Home (Affiliate)	33
Shaunavon	Shaunavon Hospital (Acute)	18
	& Care Centre (LTC)	44
Swift Current	Cypress Regional Hospital **	89
	Palliser Regional Care Centre	94
	Prairie Pioneers Lodge	41
	Swift Current Care Centre	63
Vanguard	Vanguard Health Centre	0
	Totals	**662**

** Cypress Regional Hospital - Acute Care includes 10 psychiatric beds

The Regional Health Authority is also guided by a series of policies and procedures that provide a framework for its governance responsibilities. A "Code of Conduct" policy and procedure speaks to the expectations of individual RHA members:

> *"The RHA expects of itself and its members ethical and businesslike conduct. It expects its members to treat one another and staff members with respect, cooperation and a willingness to deal openly on all matters."*

The health care environment is one where ethical dilemmas can present themselves when two or more values, or two or more individual perceptions of decision-making, are in a conflicting position. The Ethics Committee was created to address ethical issues as they arise due to daily operational issues or more strategic decision-making processes. The Committee is comprised of health region staff and RHA representatives, along with several members of the community.

Strategic Plan 2007-2010

The RHA and management developed a three-year strategic plan, which provided the foundation to meet long-term goals and demonstrate progress consistent with the region's vision statement. The plan was prepared in accordance with the Ministry of Health's strategic direction, provincial performance measures, Accreditation Canada's framework and standards, and the health region's vision, values, goals and objectives.

CYPRESS HEALTH REGION

Goals and Objectives

Goal #1 – Improved access to quality health services

Objectives

- Improve access to hospital, specialized services, home care and long term care
- Responsive, coordinated primary health care
- Reduce waiting times for surgical and diagnostic procedures

Goal #2 – Effective health promotion and disease prevention

Objectives

- Improve promotion, advocacy and information for healthier lifestyles
- Improve the health of communities

Goal #3 – Retain, recruit, and train health providers

Objectives

- Improve the retention and recruitment of health care professionals to meet Saskatchewan's health needs
- Develop representative workplaces that facilitate full participation in all health occupations
- Safe, supportive and quality workplaces that retain and recruit health care professionals

Goal #4 – A sustainable, efficient, accountable, and quality health system

Objectives

- Ensure safe, quality, effective health care
- Appropriate governance, accountability, and management for the health sector
- Sustain publicly funded and publicly administered Medicare

The plan includes a strategic "scorecard" which serves as a key summary tool to guide staff with operational planning and the RHA's desire to be accountable and transparent. In addition, the establishment of targets and trending of results addresses performance measure requirements of all stakeholders, including the office of the Provincial Auditor.

The region has completed year two of its three-year strategic plan.

The *Strategic Plan 2007-2010* provides the blueprint for achieving the following strategic priorities: 'Rural Health Strategy', 'Primary Health Care', 'Recruitment and Retention', and 'A Culture of Safety'. It includes minor revisions to the RHA's value statements and goals/objectives which will reflect the emphasis on "safety" for clients and staff.

The *Strategic Plan 2007-2010* can be accessed by visiting the health region's website at www.cypresshealth.ca/board.htm

Programs and Services

Approximately 1,650 staff provides a wide variety of facility-based and community-based programs and services across the health region.

Hospitals/Acute Care

The Cypress Regional Hospital in Swift Current offers a comprehensive range of acute clinical services including general medicine, emergency, general surgery and anaesthetic services, obstetrics and gynaecology, paediatrics, internal medicine, on-site radiology, inpatient psychiatry and an intensive care unit. Secondary specialty services such as ophthalmology, urology and a host of visiting specialties that travel to provide services also play a prominent role at the regional hospital.

This facility provides state-of-the-art acute care programs and services, and serves as one of the newest acute care facilities in the province.

CYPRESS HEALTH REGION

Acute Care and Diagnostic Imaging Service Indicators
Cypress Health Region

All 5 Hospitals in Cypress Health Region	*2008-09 Total*	*2007-08 Total*	*2006-07 Total*
Separations**	6,309	6,462	6,826
Inpatient Days	29,535	31,241	32,827
Hospital - Emergency/Outpatient Visits	32,812	32,092	33,181
Diagnostic Imaging - Outpatient Visits	22,969	25,146	21,358
Radiology - Standard Units - Total	262,253	248,917	246,510

Cypress Regional Hospital Only	*2008-09 Total*	*2007-08 Total*	*2006-07 Total*
Renal Dialysis - Treatments	1,657	1,702	1,715
Chemotherapy - Treatments	1,008	917	781
CT Scans - Total	4,065	3,926	4,109
Mammography Examinations	613	608	706
Ultrasound Examinations	5,127	4,855	4,855

NOTES

**Separations is the national standard term to define the number of patients who spent time in (were admitted to) hospital.

Four community hospitals in Herbert, Leader, Maple Creek, and Shaunavon offer general medicine, emergency services, basic laboratory and diagnostic procedures, and observation/ convalescent/palliative care.

Six health centres (Cabri, Climax, Eastend, Gull Lake, Mankota, Ponteix) provide access to a variety of services such as observation/convalescent/palliative care, basic laboratory and diagnostic procedures, and outpatient care.

Specialized Acute Care Services

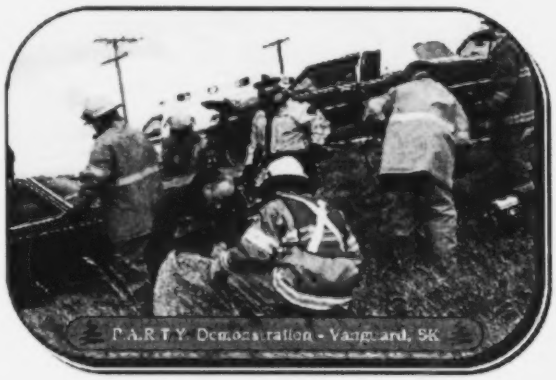
The Cypress Regional Hospital provides a multi-slice computerized tomography (CT) scanning service, an award winning six-station renal dialysis unit and a Community Oncology Outreach Program.

Institutional Supportive Care

Long-term care services are provided in 12 communities across the health region. The program is offered in a variety of standalone long-term care facilities and integrated facilities (i.e. with a health centre or acute facility) and has 470 permanent long-term care beds.

Emergency Medical Services

A total of 21 ambulances based in 12 ambulance service sites across the health region provide EMS services to the residents of southwestern Saskatchewan – seven region-operated and five municipal or privately operated. The EMS services made a total of 3,447 trips over the fiscal year, which is an increase of 48 trips from the previous year. Our EMS crews travelled over ½ million kilometres as they transferred clients.



Home Care

A full array of home-based supportive care services is available throughout the region. Regionalized case management processes and standardized assessment tools have been in place and provide consistent practices.

Primary Health Care

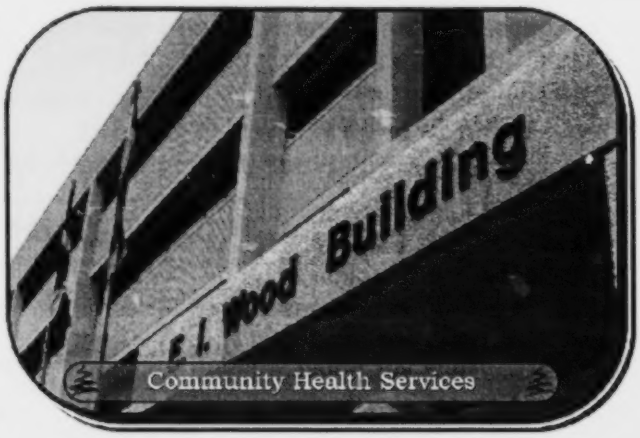
With the addition of a designated Primary Health Care site in Mankota in February of 2009, the region has become one of the province's shining stars in the development of Primary Health Care. Nearly 28% of the region's population is now situated within range of a Primary Health Care team.

Chronic Disease Management

Chronic disease management has been emphasized by the region and programming has been implemented in a number of communities throughout the health region. The region and its physician partners have been nationally acknowledged for their involvement in the Health Quality Council's Chronic Disease Management Collaborative.

Community Health Services

The region provides a comprehensive set of mental health, rehabilitation, alcohol and drug assessment, and problem gambling services. All of these programs provide services to children, youth and adults.



A 10-bed unit located in the Cypress Regional Hospital provides inpatient mental health services. The unit is staffed 24 hours per day and a psychiatrist is on call at all times. The average length of stay is among the lowest in the province due to discharge planning being initiated on admission to the unit and the excellent working relationships with community based organizations and health care organizations (HCOs).

Population Health

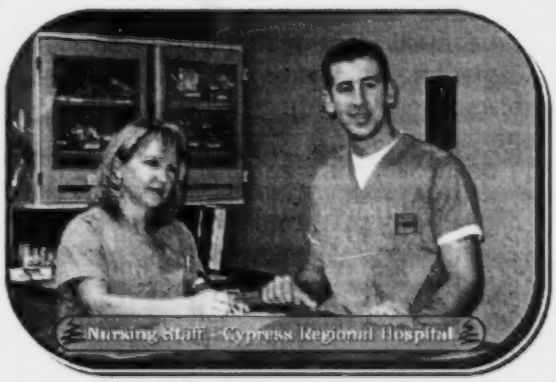
The Population Health Promotion Strategy continues to form the model for population health programming. A variety of programs and services that include nutrition, public health inspection and nursing, dental health education, speech language and immunization are offered by professional staff. The region hosts the provincial Parent Mentoring Program of Saskatchewan Coordinator. The addition of a Health Promotion Coordinator has enhanced the focus on Mental Wellbeing and Substance Use/Abuse.

Management of Risks

Health Human Resources

Similar to other health authorities throughout the province and country, the Cypress Health Region faces the major challenge of health human resource availability. The ability to recruit and retain our health professionals (for example – physicians, registered nurses, public health inspectors, therapists, pharmacists, speech language pathologists, etc.) will continue to create issues for the continuation of service provision in some areas.

The maintenance of 24-hour registered nurse coverage has been difficult in several rural facilities. The region has partnered with the staff and union partners to maximize the use of available nursing resources and utilize registered nurses and licensed practical nurses to their full scope-of-practice. A variety of caregiver mixtures are being explored to provide the type of care required. As well, the region has emphasized ongoing discussions with municipal council leaders in identifying strategies to enhance the recruitment and retention efforts.



The health region is appreciative of the strategies that the Ministry of Health has implemented relating to health care professional recruitment and retention. Together with the Ministry's granting and bursary opportunities and internet-based postings of job opportunities, the region has increased its recruitment efforts and marketing strategies to move towards its objective of becoming the employer of choice among health regions. Regional activities that are attempting to address human resource issues are closely tied to the Ministry's strategic guidelines.

Extensive planning has identified a series of strategies that will lessen the risks – for example, the creation of healthy workplace programming initiatives (transfer/lifting/repositioning program, occupational health and safety emphasis, etc.); Employee & Family Assistance Program; Aboriginal Awareness Training; ability management program; promotion of representative workforce; enhancement of a learning environment where continuing educational opportunities are available in a variety of mediums.

The value of a learning environment has proven beneficial as we continue to learn from the incidents that occur and through the root cause analysis investigations that follow them. As we implement best practises, change will be inevitable.

Physician Recruitment

The Cypress Health Region has a number of rural-based single physician practices, which may pose difficulties in recruiting replacements when the necessity arises. Combined with the geographic concerns and the distribution of population in our rural areas, access to physician services may become an issue. During the year, a number of temporary service disruptions in our facilities were the result of physician unavailability.

Recruitment of specialist physicians to provide services at the Cypress Regional Hospital has at times been challenging.

The Medical Affairs Coordinator position has noticeably enhanced the efforts to address the recruitment challenges of physicians and to develop the necessary relationships that assist in retaining these hard-to-recruit professionals. Health region officials have met with municipal and community leaders to discuss options relating to the development of primary health care services. During the fiscal year seven physicians were recruited, which was offset by the departure of nine physicians. Retention of physicians is a key to providing stable medical services in our communities.

CYPRESS HEALTH REGION

The Cypress Health Region has 32 General Practitioners in addition to:

Specialists
1 Medical Health Officer
2 Psychiatrists
2 Internists
1 Radiologist
1 Surgeon
2 Paediatricians
2 Obstetrician/Gynaecologists
1 Pathologist
1 Opthalmologist
1 Urologist
2 Anaesthetics

Visiting Specialists:
Gerontology
Nephrology
Otolaryngology
Orthopaedics

Financial

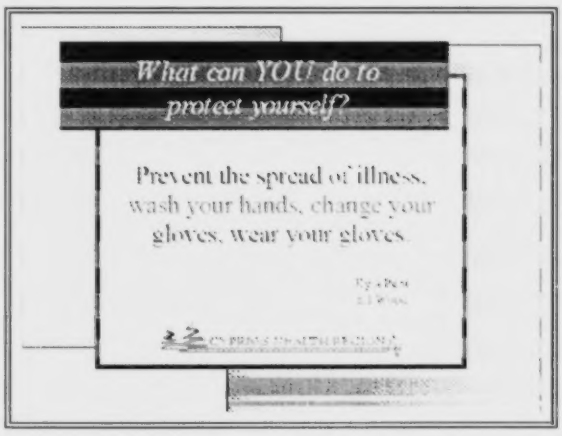
Although the Ministry of Health receives a large percentage of the provincial budget from the Treasury Board, health care costs and expenditures continue to escalate at an advanced pace. Appropriate utilization of available financial resources has been, and will continue to be, a high priority for the future.

A series of financial-related risks have been identified below, along with a series of plans that will lessen the potential burden of these risks.

- Limited financial resources to invest in capital infrastructure – offset the risk by implementing processes and plans to identify, measure and report capital infrastructure needs to Saskatchewan Health based on a defendable capital asset management plan. The province has recognized in its 2008/09 budget the need to inject additional capital and infrastructure funding to start addressing the collective needs of all Regional Health Authorities, which is a very welcomed approach.
- Limited financial resources to invest in implementing research-based best practices – continual efficiencies realized in service delivery models to allow for reinvestment into best practices. With limited resources, a focused implementation plan for best practices must be initiated to ensure the region receives best value for any investment that is made.
- Increasing expectations on the health system, placing operational pressures on the region – as expectations of the government and public increase, the region communicates the impact of those increasing expectations to Saskatchewan Health to ensure the operating financial pressures are identified to enable the government and the region to work together to ensure the expectations can be met.
- Funding may be unable to keep pace with the escalating costs of the changing health care system – continual communication with the Ministry of Health through monthly financial reporting allows the region to work with the government to identify and address operating pressures, as they are experienced. The region also implemented and continues to implement many enhancements to streamline business processes to create operational efficiencies. The region is also focusing significant effort on monitoring sick time and overtime to reduce these costs.

Emphasis on Client/Staff Safety

Ensuring the safety of all clients as they access services within the health system and the staff as they fulfill their duties is priority across the entire country. The concept of patient safety is a key ingredient to achieving accreditation status through Accreditation Canada and through a variety of organizations including *Safer Healthcare Now!*, Health Quality Council, and the Canadian Patient Safety Institute. Our health region has taken the approach to safety seriously, and if the region did not pay due attention to identifying, anticipating, and address the overall issue of safety, we would be overlooking this serious risk.



Cypress is focused on 'safety' and has incorporated it in its *Strategic Plan 2007-2010* document, both as a separate value statement and inclusion in one of the goal statements. Other means of emphasizing safety include a department dedicated to safety and quality improvement, implementation of a falls prevention program, enhanced attention to occupational health and safety programming, purchase of capital equipment to increase the level of safety for staff and clients alike, dedicated transfers/lift/repositioning staff person, quality care coordination, ability management program, among others.

Disclosure and transparency have been emphasized by the region, who has partnered with clients at local and national levels to highlight issues regarding client safety.

Health Care Organizations

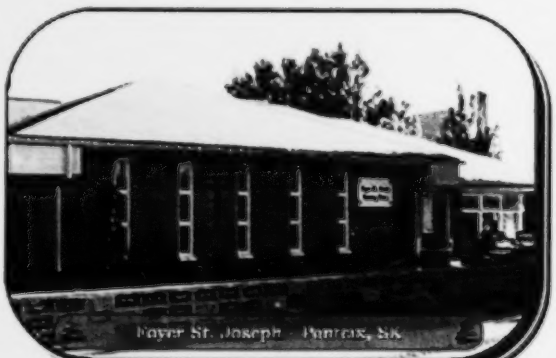
The Cypress Health Region works closely with a number of independent health care organizations and third party health service providers to deliver programs and services to residents of our health region. *The Regional Health Services Act* defines a health care organization (HCO) as:

- *A prescribed organization that receives funding from a RHA to provide health services; or,*
- *An affiliate, other than the RHA, that operates a hospital or not-for-profit special care home.*

Under the legislation, HCOs must provide health services consistent with the health region's operational plan and must conduct their activities and affairs in a manner that is consistent with and reflects the health goals and objectives of the RHA and the Minister of Health. Contractual agreements are in place between the RHA and the HCO that set out the health services to be provided by the HCO and the funding to be received through the health region. HCOs are required to submit audited financial statements and statistical information to the health region.

These relationships include:

- *Foyer St. Joseph* – affiliate organization. They provide long term care services in the community of Ponteix and are physically integrated with the region-owned Ponteix Health Centre facility.
- *Private Ambulance Service Operators* – located in the communities of Frontier, Gull Lake, Swift Current, Ponteix and Val Marie.
- *McKerracher Support Services Inc.* – provider of independent living services for individuals suffering from a long-term mental illness.
- *Canadian Mental Health Association* – provider of day programming for individuals suffering from long-term psychiatric disorders.



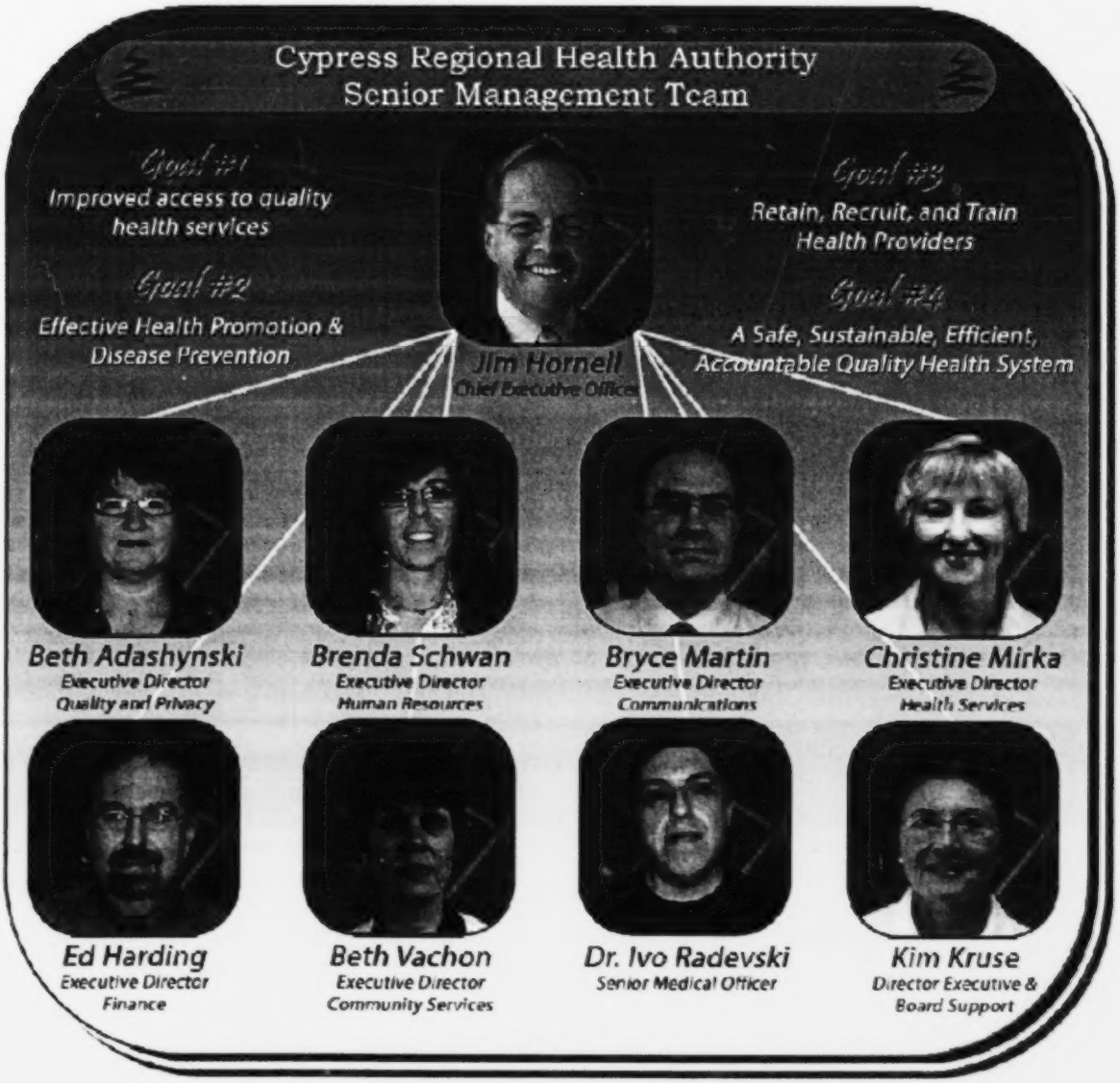
The health region has a representative that attends and participates in meetings of the McKerracher Support Services and Canadian Mental Health Association Boards. This relationship is intended to provide support, consultation, and liaison function between the organization and the health region. In addition, monthly program meetings are held between representatives of the organizations and health region where joint client case planning is coordinated.

Administrative Structure

Senior Management Team

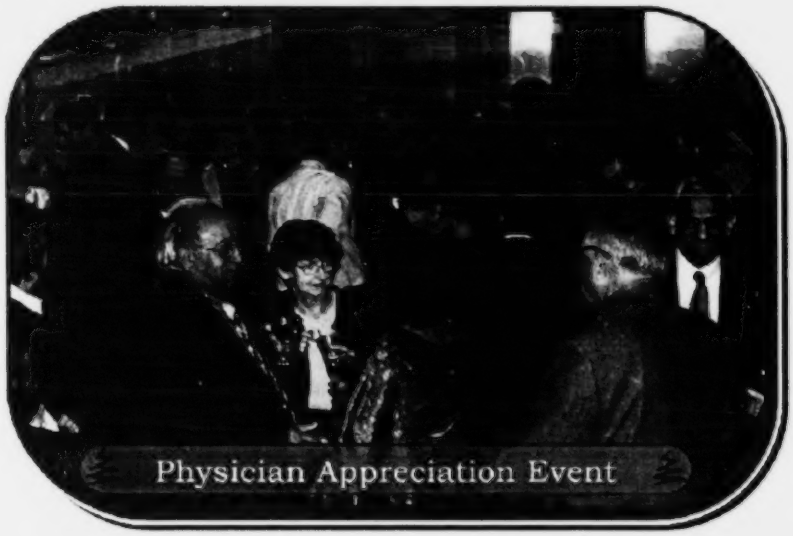
The Chief Executive Officer is responsible to the Authority for the general operations and day-to-day administrative organization of the health region. The Chief Executive Officer has established a Senior Management Team that ensures effective planning, integration and delivery of facility-based and community-based programs and services across the region.

The Senior Management Team consists of the following positions and is depicted in the organization chart below:



Physicians

The involvement and input of the physicians within Cypress is key to the success of the health region's operations and strategic planning.



Physician Appreciation Event

Practitioner Advisory Committee (PAC) as of March 31, 2009

Dr. Vijay Ashtekar	Dr. Naseem Malleck
Dr. Khami Chokani	Dr. Dawood Moola
Dr. Jason Gatzke	Dr. Ivo Radevski
Dr. Tadyo Khonje	Dr. Mustafa Shapan
Dr. Clare Kozroski	

Clinical Chiefs as of March 31, 2009

Family Medicine	Dr. Jason Gatzke
Medicine	Dr. Tadyo Khonje
Pathology/Laboratory/ Diagnostic Imaging	Dr. Mustafa Shapan
Psychiatry	Dr. Vijay Ashtekar
Surgery	Vacant
Women and Children	Dr. Naseem Malleck

Regional Medical Association (RMA) Executive as of March 31, 2009

President	Dr. Dawood Moola
Vice-President	Dr. Hein de Klerk
Past-President	Dr. Rizqi Ibrahim
Secretary-Treasurer	Dr. Jacobus de Jager

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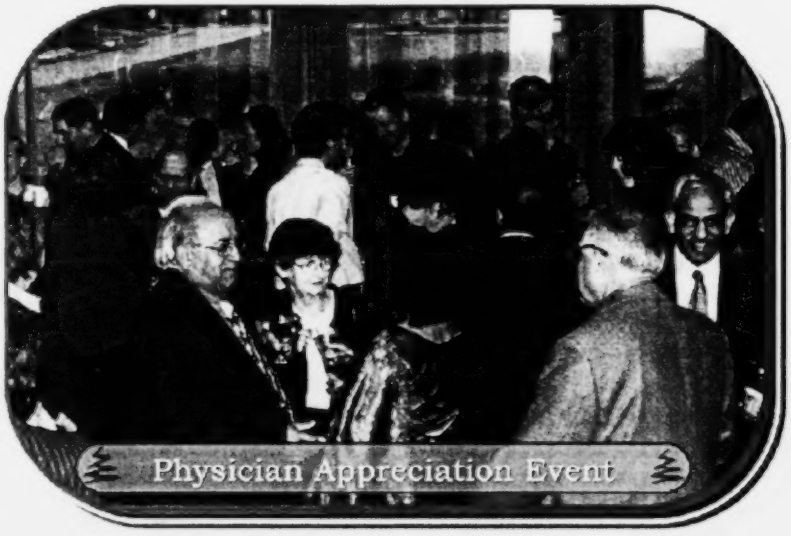
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Our Region

The Cypress Health Region provides health services to 80 rural and urban municipalities in the geographically diverse southwest corner of Saskatchewan. The region runs from the South Saskatchewan River, south until the United States border, and from the Alberta border east until the Morse/Mankota area. Within the region's boundaries are approximately 45,000 individuals who live in rural and urban settings. Our region has a diverse population, which includes twenty-nine Hutterite communities (*approximately 50% of all Saskatchewan Hutterite communities are located in our region*) and one First Nations community.

A major challenge that the organization faces is the vast distances between communities, leaving certain communities vulnerable in terms of access to services and social isolation. This area of Saskatchewan also contains large geographical points of interest, for example the Great Sand Hills, Cypress Hills Inter-Provincial Park, and the National Grasslands Park. These locations experience a high tourist population throughout the summer season.

The Cypress Health Region is believed to be the largest single employer within the geographical region. With approximately 1,650 staff members, the organization provides a wide variety of community–based and facility-based programs and services. The twenty facilities in the region perform an assortment of program services such as acute care, long-term care, and program services (i.e. observation, respite, palliative, and convalescent). As well, the region provides a broad range of additional programs such as community health services, home care planning, primary health care and emergency medical services.

Population

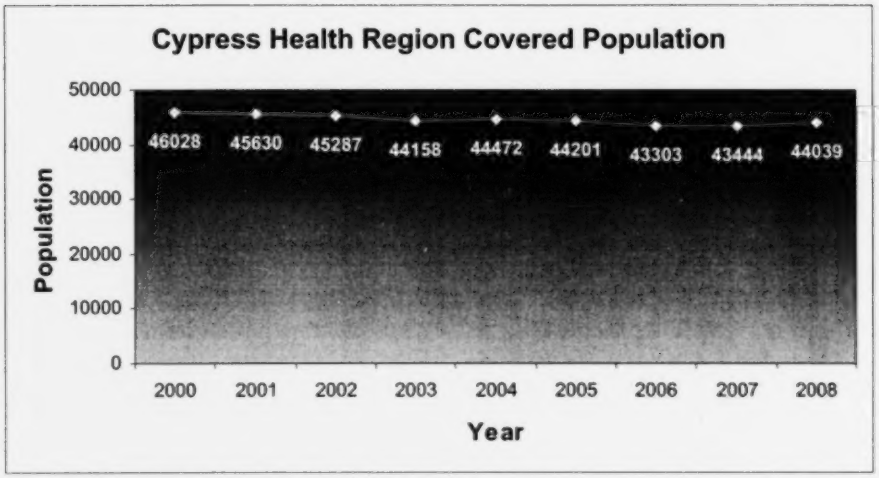
Urban-Rural Spread

Within the Cypress Health Region, the major urban setting is the city of Swift Current, located off the Trans-Canada #1 Highway between Regina and Medicine Hat. Swift Current has a population of approximately 16,490 people according to data from the Ministry of Health's 2008 Covered Population.

According to the same data source it was seen that 59.4% of the population within the Cypress Health Region resided in cities and towns in 2008. Meanwhile, rural population including municipalities, hamlets and villages, made up 40.6% of the regional population. This means that some residents have to travel a considerable distance to the nearest healthcare facility. This results in ongoing challenges facing rural healthcare such as access and availability.

Region Population

The Cypress Health Region's covered population is charted (page 17) for a nine-year period. From 2000 to 2008 there was a 4.3% drop in the covered population. Overall a declining trend is evident, however in 2007 and 2008 there were increases of 0.3% and 1.4%, respectively. Consistent with the growth seen in the local economy and reports of people moving into or returning to our communities, the trend in population decline may be reversing, or at the very least, has stabilized.



Source: Health Information Solutions Centre, Ministry of Health, Government of Saskatchewan

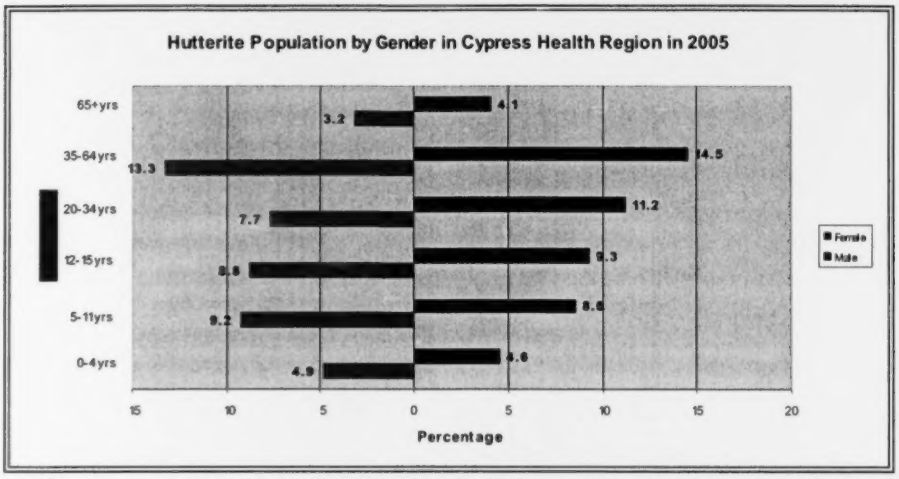
According to the 2006 Statistics Canada Census the populations of the communities in which the Cypress Health Region operates a regional hospital (RH), a community hospital (CH), or health centre (HC) are seen below:

City/Town	2001 Census	2006 Census	2001 to 2006 population change (%)
Swift Current (RH)	14,821	14,946	0.8
Maple Creek (CH)	2,270	2,198	-3.2
Shaunavon (CH)	1,775	1,691	-4.7
Gull Lake (HC)	1,016	965	-5.0
Leader (CH)	914	881	-3.6
Herbert (CH)	812	742	-8.6
Cabri (HC)	483	439	-9.1
Eastend (HC)	576	471	-18.2
Hodgeville (HC*)	175	142	-18.9
Vanguard (HC*)	187	152	-18.7
Ponteix (HC)	550	531	-3.5
Climax (HC)	206	182	-11.7
Mankota (HC)	248	238	-4.0

* Hodgeville and Vanguard are part-time facilities

Hutterite Population

The Cypress Health Region is home to more then half the Hutterite colonies in Saskatchewan. The Hutterite population composes approximately 4.6% of the population in this region. This is an important statistic due to the fact that the Hutterite populations may have unique health needs. The chart on page 18 shows the age distribution of the Hutterite population in 2005.



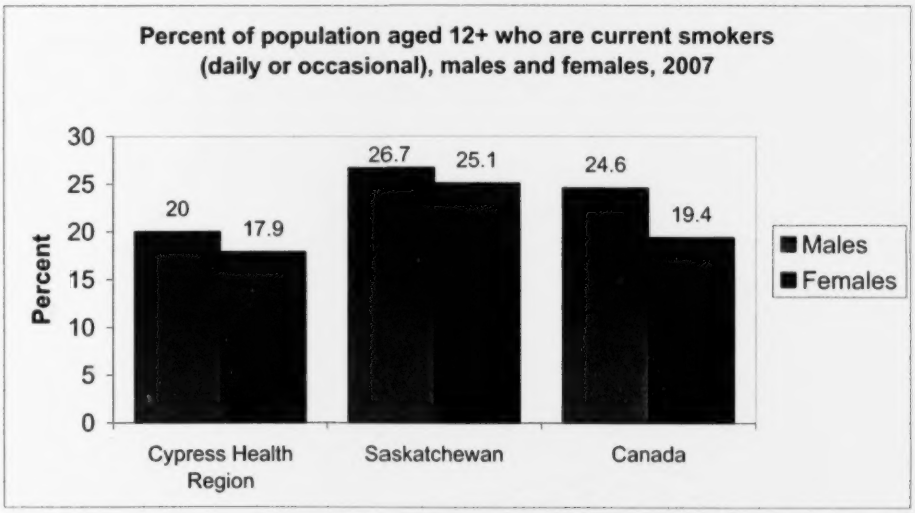
Source:
Health Status
Report

In 2005, the majority of the Hutterite population within the Cypress Health Region was between 35 and 64 years of age. A smaller percentage of the population was 65 years and older in 2005.

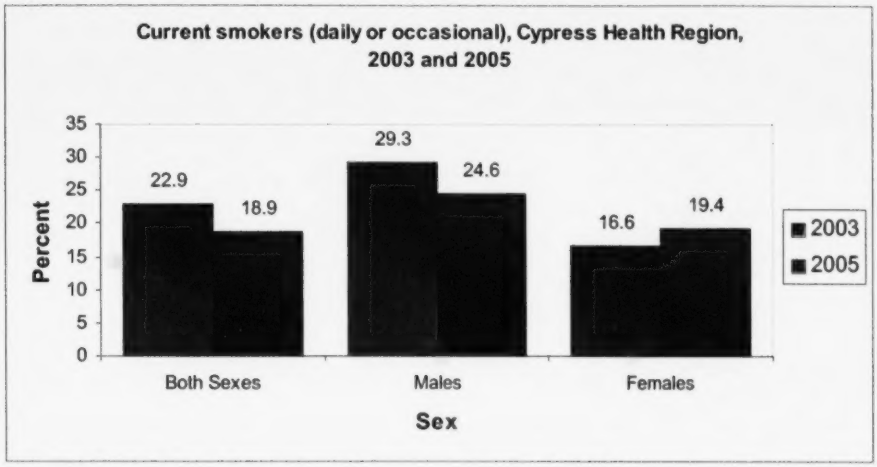
Health Behaviours and Lifestyle Factors

Smoking

Smoking has a destructive impact on the health of the population – a fact that is well documented and recognized by the general public. In Cypress, in 2007, 20.0% of males and 17.9% of females reported currently smoking on a daily or occasional basis. These figures represent a drop for males, but a slight increase for females (2005 rates were 29.3% and 16.6%, respectively). In both instances, rates are below the provincial and national averages.



Source:
Canadian Community
Health Survey,
CANSIM tables,
Statistics Canada

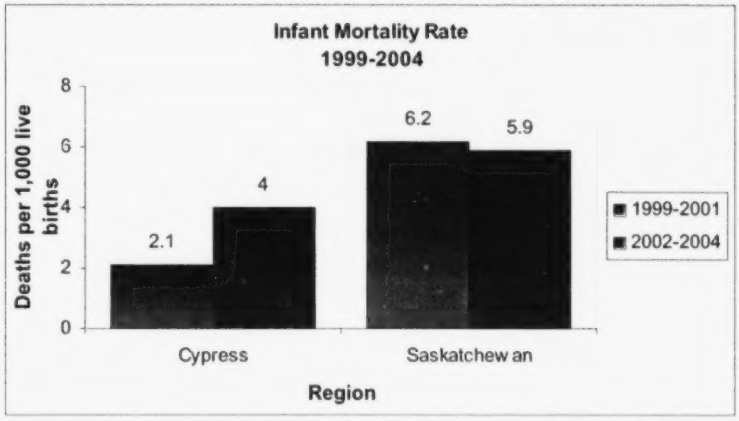


Source: Canadian Community Health Survey, CANSIM tables, Statistics Canada

Health Outcomes

Infant mortality

Infant mortality can be a strong indicator of not only infant and maternal health, but also of the well being of a community. The infant mortality rate is the number of infant deaths (less than 365 days) over three consecutive years divided by total live births over the same timeframe, multiplied by 1,000.

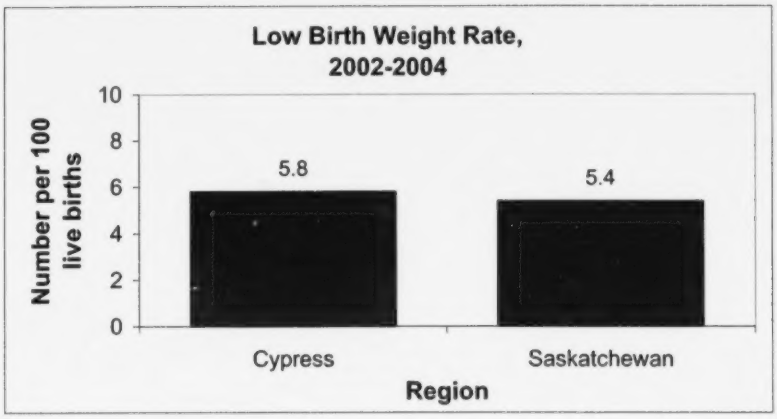


Source: Health Registration and Vital Statistics Branch, Saskatchewan Health

It can be seen that the Cypress Health Region has below average infant mortality rates compared to the Saskatchewan average. While the infant mortality rate increased from 1999-2001 to 2002-2004, it is still notably lower than the provincial average.

Low Birth Weight rate per 100 live births

For every 100 live births in the Cypress Health Region in 2002-2004, 5.8 were classified as being "low birth weight" or weighed less than 2,500 grams. Babies born underweight are at risk for a range of health conditions and complications in the short- and long-term, making this an important health indicator. Low birth weight is also important for infant survival and development. The region's rate was close to the Saskatchewan average of 5.4%, but represents an increase from the 1997-2001 average of 4.1% (source: Global Health Indicators, Saskatchewan Health).

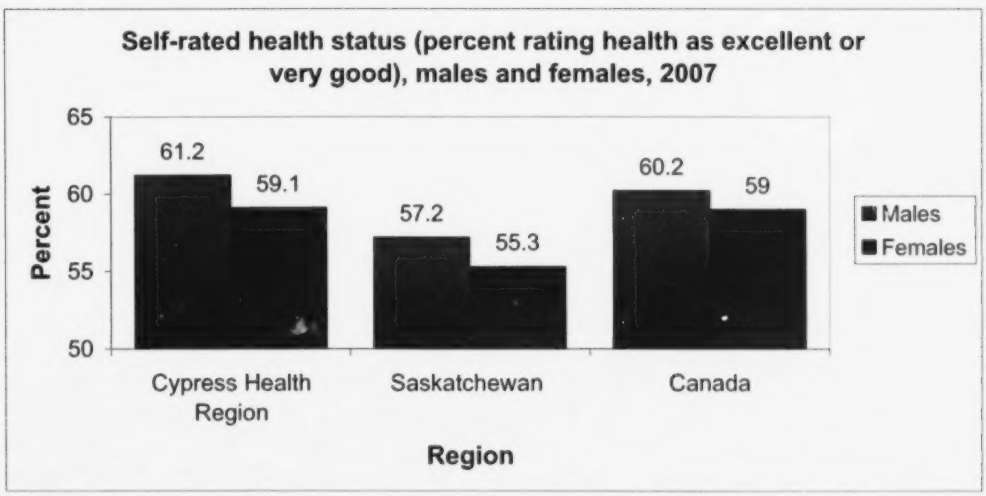


Source: Health Registration and Vital Statistics Branch, Saskatchewan Health

Self-rated Health Status

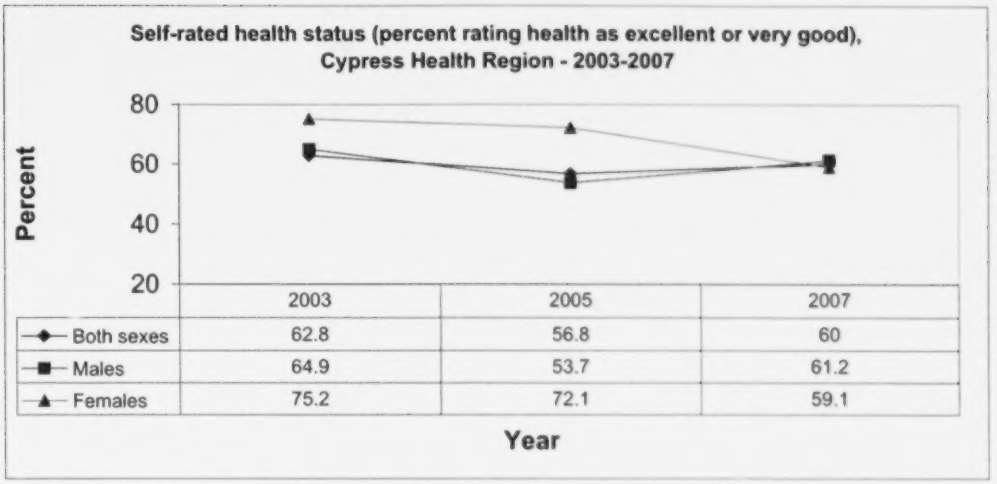
Self-rated health, while subjective in nature, is a good indicator of more objective health outcomes like morbidity, mortality and usage of health services. As such it is useful in understanding changes in residents' health over time. In 2007, 61.2% of males and 59.1% of females in Cypress rated their health as "very good or excellent", which is significantly higher than the provincial average for both sexes. Moreover the proportion of men rating their health as optimal increased since 2005, when just 53.7% of males gave the same rating. However, females' assessment of their health status has dropped notably over time – there was a 16-point drop in the percentage of females rating their health as "very good" or "excellent" over a five-year period.

An interesting finding, when we look at the self-rated health status of different age groups, is that we see seniors living in Cypress are much more likely than their provincial or national counterparts to rate their health in the most positive light. Of people aged 65 and over, 44.3% of Cypress residents rated their health as "excellent" or "very good" as compared to 29.7% in Saskatchewan overall and 38.6% nationally.



Source: Canadian Community Health Survey, CANSIM tables, Statistics Canada

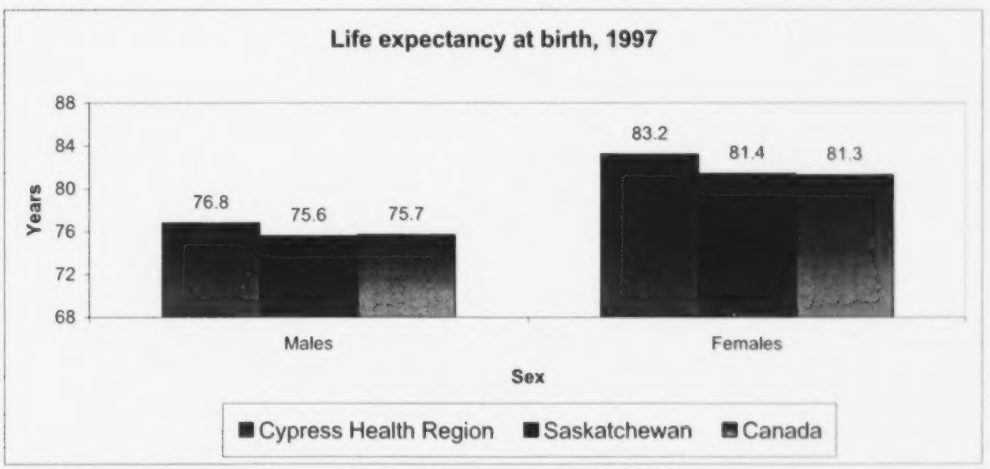
Source: Canadian Community Health Survey, CANSIM tables, Statistics Canada



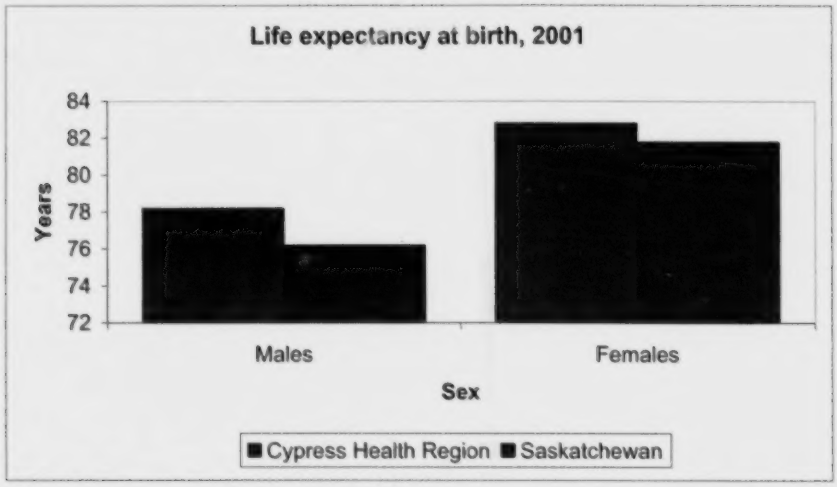
Life Expectancy

Life expectancy at birth within the Cypress Health Region is relatively higher than Saskatchewan and Canadian averages. In fact, according to 2001 figures (the most recent estimate available), people living here can expect to live longer than those living in all other health regions in Saskatchewan. While longevity is an important measure of health, when you couple this with the fact that a greater percentage of our seniors rate their health as optimal, a picture emerges of both quality and quantity of life.

Between 1997 and 2001, males saw an increase in their average life expectancy.

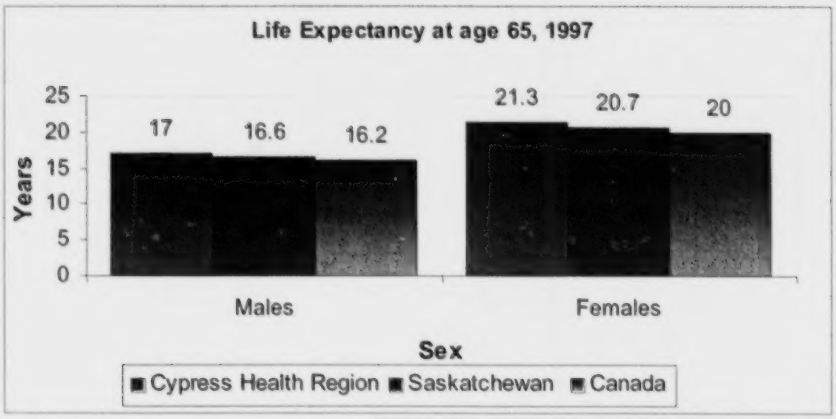


Source: Vital Statistics, Statistics Canada

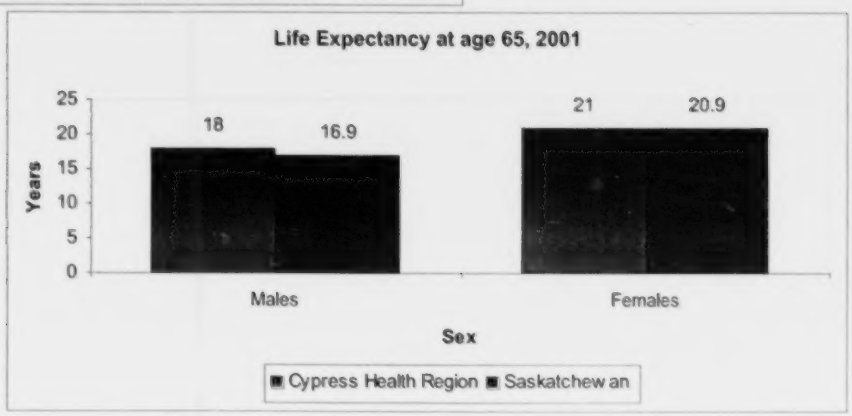


Source: Vital Statistics, Statistics Canada

A review of the "Life Expectancy at age 65" statistics informs the reader of the expected years of survival for seniors. Again, similar to the situation at birth, it can be seen that seniors living in the Cypress Health Region can expect to live slightly longer than the provincial and national averages. Over the five-year period from 1997 to 2001, males' life expectancy at age 65 increased by one year, while females remained relatively stable.



Source: Vital Statistics, Statistics Canada

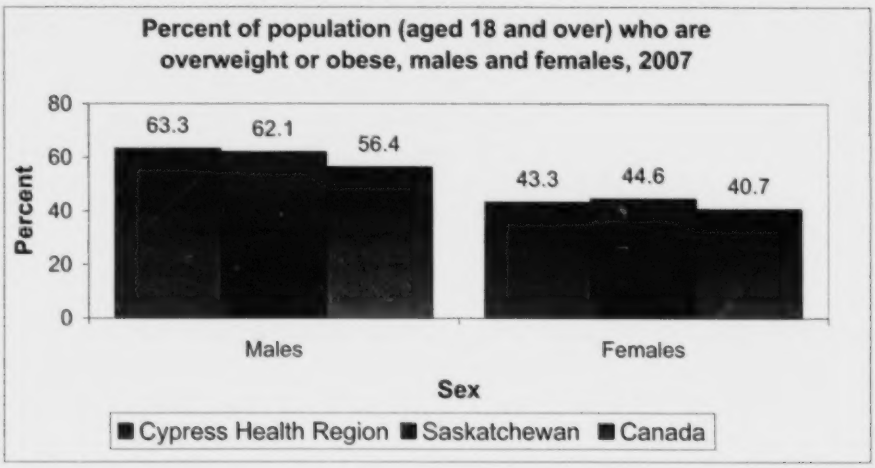


Source: Vital Statistics, Statistics Canada

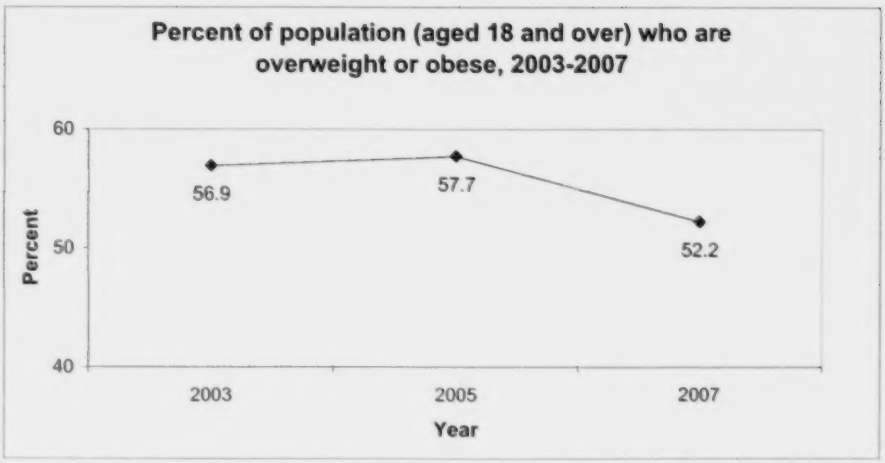
Obesity

Obesity is a growing health problem, and is often referred to as an "epidemic". This trend has important consequences for people's well-being and for those caring for or providing services for this group. Rates of obesity have almost tripled in the last twenty years in Canada from an estimated 5.6% in 1985 to about 16% in the most recent national survey.[1]

According to the 2007 Canadian Community Health Survey, Cypress Health Region has a higher percentage of people who are either obese or overweight compared to Saskatchewan or the rest of the country. When broken down according to gender, Cypress males have a much higher rate than females. The proportion of residents who are either overweight or obese has also fluctuated over the five-year period from 2003-2007, with a slight drop in 2007. Females living in Cypress have experienced steadily declining rates over the same time period, whereas the situation with males has remained unchanged (data not shown here).



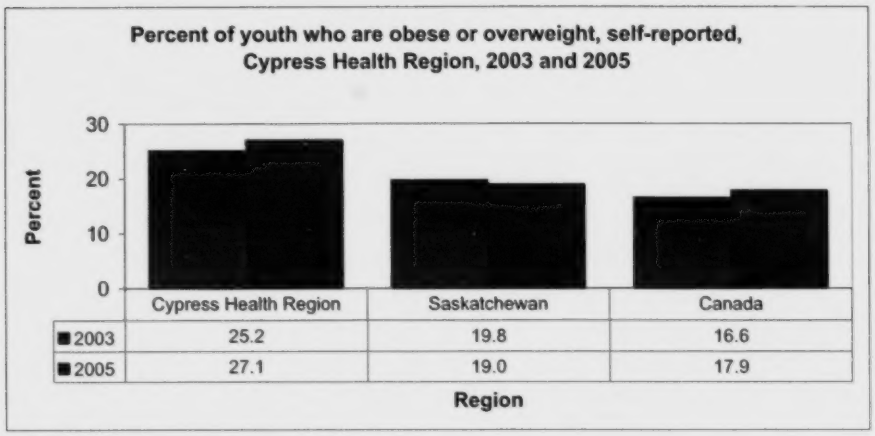
Source: Canadian Community Health Survey, CANSIM tables, Statistics Canada



Source: Canadian Community Health Survey, CANSIM tables, Statistics Canada

[1] Labonte, Muhajarine, Winquist and Quail. Healthy Populations: Canadian Index of Wellbeing. Atkinson Foundation. 2009.

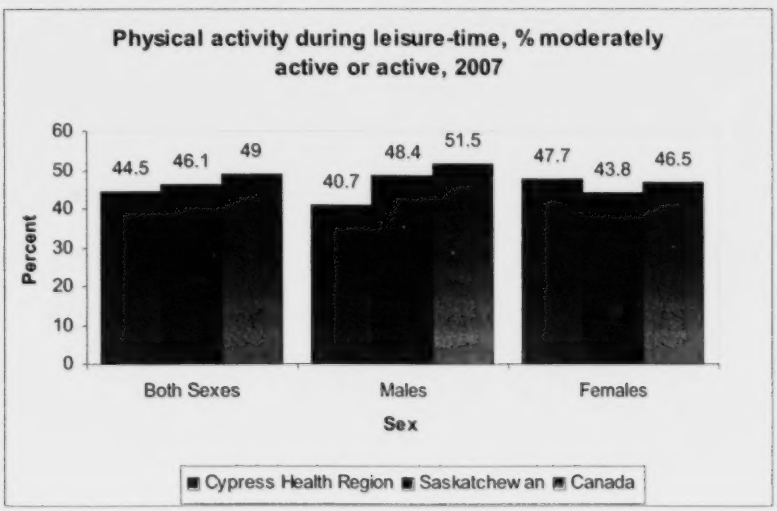
Looking at the younger age groups, approximately one in four people aged 12-17 in the Cypress Health Region are considered to be obese or overweight – a rate that is substantially higher than the provincial and national figures and represents a worrying trend. The rate increased slightly between 2003 and 2005 from 25.2% to 27.1%.



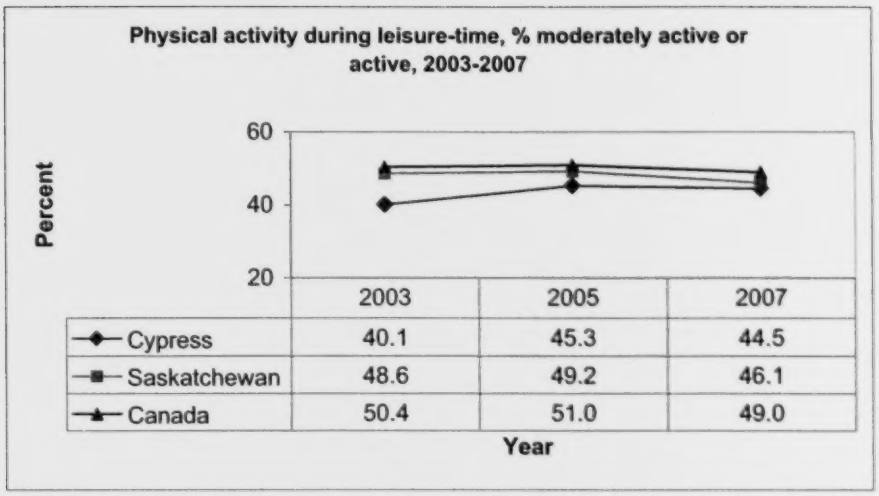
Source: Canadian Community Health Survey, CANSIM tables, Statistics Canada

Physical Activity

Physical activity is a key health-promoting lifestyle factor that protects individuals from a variety of health conditions and diseases, as well as the health risks associated with excess weight. Rates of leisure-time physical activity are lower overall in the Cypress Health Region as compared to the provincial and national averages. In 2007, just 45% of the local population reported being active or moderately active, with a greater proportion of females falling into this category than males (47.7% vs. 40.7%, respectively). Put differently, more than half the population was inactive based on an index of average daily physical activity over the past three months. Women in Cypress were slightly more active than their provincial and national counterparts, where the opposite was true for males living in our region. A positive finding is that Cypress' rate has improved over the past five years by four percentage points and the gap is steadily closing between our region and the rest of the country.



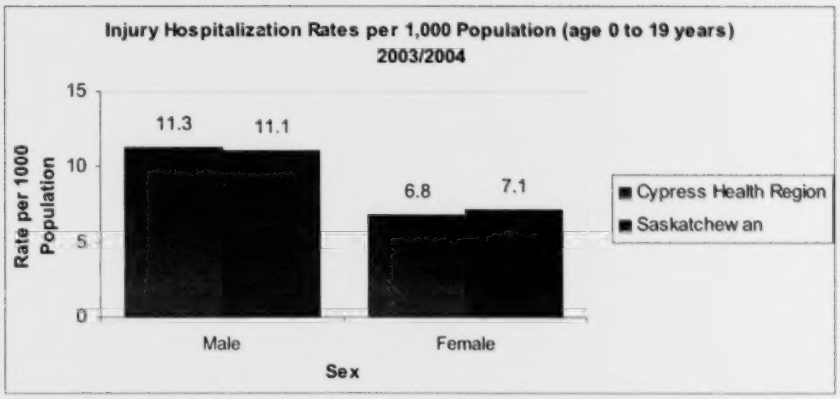
Source: Canadian Community Health Survey, CANSIM tables, Statistics Canada

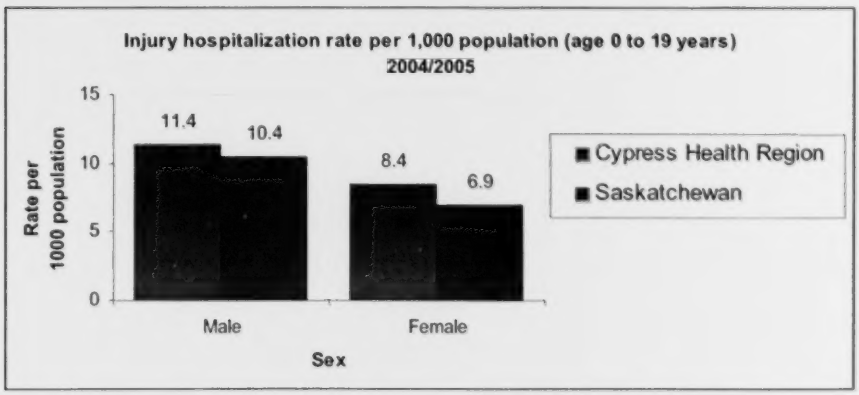


Source: Canadian Community Health Survey, CANSIM tables, Statistics Canada

Injury Hospitalization

In 2004/2005, the Cypress Health Region had a greater average rate of injury hospitalizations than the province, for both females and males. Comparing this to the year prior, female youth experienced a slight increase from 6.8 to 8.4 per 1,000 population. Over the same period the provincial rate dropped slightly.





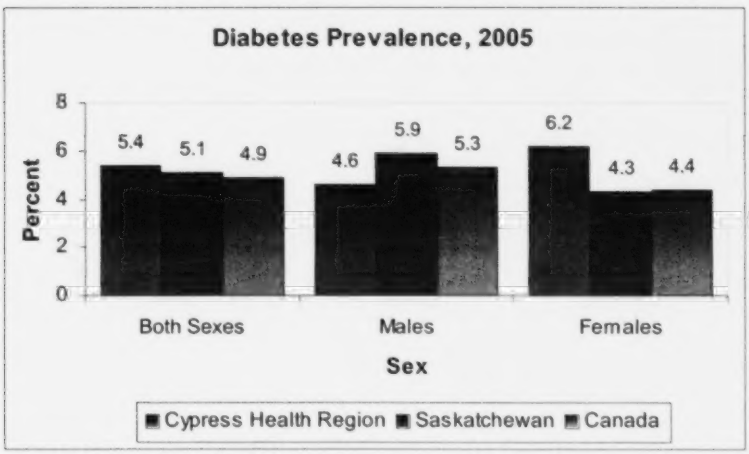
Diabetes

Diabetes is an important, and highly avoidable, health condition that increases individual's risk of developing heart disease, kidney disease and blindness[2]. Studies suggest that up to 90% of cases are preventable by adopting a healthy diet, exercising and most importantly, maintaining a healthy weight.

Based on figures calculated by the Ministry of Health using hospital, physician billing and drug plan data, Cypress' age-sex adjusted diabetes prevalence rate was 5.5% in fiscal year 2005/2006, up from 5.0% in 2003/2004.

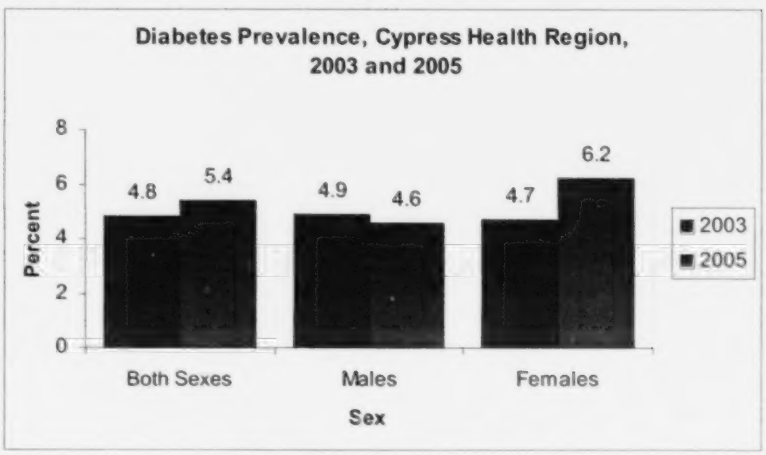
Taking a closer look using self-reported data from the Canadian Community Health Survey (Source: Statistic Canada), the region's rate is slightly higher than the provincial and national averages. Females in Cypress have higher rates than males, which is contrary to findings in other areas. (It is important to note that the sex-specific figures below are not age-adjusted, therefore we must be cautious in comparing our rates to others.) Nonetheless, these numbers are relevant to health care planning, including acute care services, prevention initiatives, and chronic disease management programs.

Between 2003 and 2005, diabetes prevalence increased from 4.8% to 5.4%. Males actually experienced a slight drop, while females saw a notable increase.



Source: Canadian Community Health Survey, CANSIM tables, Statistics Canada

Source: Canadian Community Health Survey, CANSIM tables, Statistics Canada



[2] Labonte, Muhajarine, Winquist and Quail. Healthy Populations: Canadian Index of Wellbeing. Atkinson Foundation. 2009 .

Emerging Health Issues

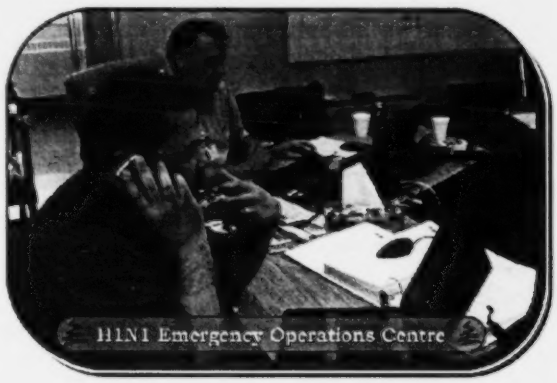
Emerging health threats can happen at any location within the health region, province, nationally or internationally. In conjunction with the Ministry of Health and Health Canada, the Cypress Health Region maintains an awareness of issues and deals with them on a priority basis.

Infection Control Protocols

The presence of viruses (example - norovirus) and other illnesses in our facilities and throughout southwestern Saskatchewan have had a major impact on the health region. In response to this ever-increasing issue, a greater effort regarding infection control practices/processes has been implemented. For example, a Public Health Inspector has been assigned to each health facility to ensure support is readily available for staff during outbreaks and to coordinate infection control protocols when required. Resource kits have been developed to assist managers and staff with outbreak management. Infection control processes are more strongly emphasized during the extended orientation program that all new staff members participate in.

Influenza Pandemic Planning

Planning continues for the "not if, but when" approach to the presence of an influenza pandemic situation. The region's preparations and planning for such an outbreak are done in conjunction with municipal, provincial and national counterparts. One of the key challenges in the future will be surrounding issues regarding anti-viral stockpiling and development of efficient processes such as maintaining inventory levels.


H1N1 Emergency Operations Centre

The emergence of H1N1 creates additional emphasis on immunization and public health human resources.

Increased promotional efforts regarding the benefits of maintaining annual influenza immunizations is expected to create greater demand for immunization among the general public.

West Nile Virus

Although the past several years have seen a smaller incidence of West Nile cases following the large outbreak in 2003, the 2007-year witnessed a major increase in the number of cases. Public health officials and physicians remain alert to the potential dangers of the West Nile Virus. The West Nile strategy corresponds to the provincial plan and is continually monitored for effectiveness and the potential for risk.

Chronic Diseases

The ever-increasing incidence of diabetes and cardiac concerns has caught the attention of health authorities across the province. The Health Quality Council and *Safer Healthcare Now!* offer opportunities to address the concerns created by chronic disease management – examples include the Chronic Disease Management Collaborative, post-AMI care, diabetes multidisciplinary clinics, and cardiac education program.

The region's strategies have focused on educating staff with standardized information regarding chronic disease management. Public education has been implemented throughout rural communities. Standardization of material has also occurred in this program area to ensure evidence based best practice guidelines are being followed for chronic disease management.

Sexually Transmitted Infections (STI)

Within the Cypress Health Region, a substantial increase in the number of laboratory-confirmed sexually transmitted infections/communicable diseases are being reported – in particular, genital Chlamydia. This higher incidence may be attributed to enhanced surveillance processes, revised models of follow-up by the public health nurses, better communication between public health staff and general practitioners, and education/awareness programs encouraging testing. These cases require a significant amount of time to investigate. Strategy development on enhancing the adolescent sexual health program in the school system within existing resources will be a challenge. In addition, strategies to increase the public awareness of the availability of funded medications for treatment will be implemented.

External Environment Factors

The continual depopulation of our rural areas, especially amongst our younger to middle-aged population groups, is a troubling trend in light of the ever-increasing shortage of health care professionals in the rural areas. This factor may lead to further challenges when attempting to recruit new or recent graduates to practice in rural (and remote) areas.

If the trending shortages for health care professionals continue in the rural areas, consideration of alternate care delivery processes may have to be brought to the forefront of discussion. Several of the region's facilities are facing barriers to maintaining a 24-hour service in lieu of decreasing registered nursing coverage or availability of general practitioner on-call services.

The emphasis on patient and staff safety programming by provincial and federal governments may provide an opportunity to access specially targeted funding to address these issues. With the high prevalence of health care worker injuries and incidents, the "safety" trend will need to continue to develop strategies for a safer workplace environment.

2008-09 Results at a Glance

The Cypress Health Region is supportive of the strategic directions of the Ministry of Health. In consideration of this support, the Regional Health Authority developed a series of strategic statements that reflect the provincial approach to continuous improvement and our commitment to health care quality for the people of southwestern Saskatchewan.

Swift Current Long Term Care Announcement

This section of the Annual Report will provide a brief overview of significant events and achievements that were realized through the 2008-09 fiscal year. These highlights will include performance management initiatives, operational accomplishments and financial achievements that were recognized. The achievements will be divided among the four strategic goal statements that are shared between the objectives of the Ministry of Health and Cypress Health Region.

Goal #1 – Improved access to quality health services

- Announcement of a new Integrated Health Facility in Maple Creek by Minister of Health Don McMorris
- Announcement and opening of new Primary Health Care site in Mankota > nurse practitioner recruited, visiting physician services secured
- Announcement of funding for the recruitment of a second radiologist
- Announcement of funding to initiate planning for the replacement of long term care facilities in Swift Current
- Cypress Health Region becomes third region in the province to develop a Midwifery program
- Installation of new diagnostic imaging equipment in community hospitals located in Leader and Shaunavon
- Construction and opening of new emergency medical services garage in Shaunavon
- Provincial Air Ambulance Service visited the community of Maple Creek > provides education to emergency department registered nurses and physicians, provides tours and information to school children and the general public
- Initial planning for an Information Kiosk at the Cypress Regional Hospital to enhance customer service
- Palliative Care Coordinator recruited; program developed

Air Ambulance Visits Maple Creek

Goal #2 – Effective Health Promotion and Disease Prevention

- Implementation of Tobacco Cessation Project, a two-year program funded by Health Canada > National Non-Smoking Week, Weedless Wednesday, cessation support groups, smoker intervention toolkits developed
- Increase number of immunization clinics for public – better access to the variety of immunization programs available
- Regional Therapies received a $2,000 grant from SGI for Falls Prevention programming. The Therapy staff partnered with Home Care at Wellness Clinics in Maple Creek, Shaunavon, Eastend, and Leader to offer the initiative
- "Health Tips" was added to physician offices in seven clinics across the health region to deliver health messages in waiting areas
- Public Health Inspection team emphasis on achieving provincial targets for inspections
- Emphasis on 'healthy food policy' development and implementation in schools and other settings by nutritional services team
- Early Childhood Development team established that targets pre-school children – Speech Language Pathologist, Early Childhood Psychologist, Mental Health & Addictions, Therapies, Psychologist; partnered with Chinook School Division to implement
- Dental Health screening completed for elementary school-aged children

Goal #3 – Retain, Recruit and Train Health Providers

- 201 new hires during fiscal year, many of which are considered 'hard to recruit'
- Implementation of a new, extended general orientation for all new hires ranging from three days to seven days > includes extensive training on TLR, HIPA, WHMIS, clinical requirements, infection control protocols, etc
- 264 staff received Transfers/Lift/Repositioning (TLR) training during fiscal year
- Aboriginal Awareness training completed by 53% of staff members
- Employment Referral program implemented
- Development and implementation of staff education database
- Development and implementation of online training tools for HIPA and WHMIS – increased accessibility for staff completion/refreshers
- 96% of Mental Health & Addictions staff have completed 'Applied Suicide Intervention Skills Training' (ASIST) as at March 31/09; will achieve 100% of staff trained by June 2009
- Approval of 20 new full time equivalent registered nursing positions resulting from the SUN partnership program
- Region attended career fairs throughout western Canada > 'best booth' award achieved at Calgary, Alberta event

"I started out working on a temp basis to get my practicing license in Alberta, and then I transferred to Saskatchewan. I opted for the Cypress Health Region so that I could study all of the options available."

Chet McCuaig, RN

- Continued implementation of The Ottawa Hospital's Nursing Model of Care to regional and community hospitals
- Promotional campaign in the Western Canadian Nursing Magazine which is to be distributed to all registered nursing graduates in the four western provinces > completed in conjunction with nursing staff and Ministry of Health
- The region received approximately 16,200 hours of work from its volunteers, resulting in an approximate cost savings of over $260,000
- Extensive investment targeting lifting and transferring equipment that will benefit staff and client safety – electric bed replacement, ceiling tracks, sit/stand lifts, client transfer/lift equipment

Volunteer Appreciation Events

Goal #4 – A Sustainable, Efficient, Accountable Quality Health System

- Major investment in capital infrastructure funding
- Participation in the 'Patient First Review' process
- Hosted Privacy Commissioner and staff for four days – met with a variety of internal and external stakeholders. The Commissioner was very complimentary to the region's implementation of HIPA and in regards to the region's use of best practice processes for privacy protection
- New Regional Health Authority appointed and oriented
- Community Leadership Network meetings with municipal leaders from across the region
- A training package was developed to assist new trainers with the delivery and presentation of the region's Transfer/Lift/Repositioning program
- Region met 9 of 11 recommendations from Accreditation Canada
- *MSDS Online* was launched. This system allows staff to access all Material Safety Data Sheets (MSDS) description sheets online

Financial Highlights

- An operating fund surplus of $768,049 for the 2008-09 fiscal year
- A decrease in the operating fund working capital deficit to ($162,806) from ($930,366)
- Over $4 million was spent in capital in 2008-09. This included $2.95 million for equipment, $1.038 million of infrastructure and $55,000 for information technology

In conjunction with the Ministry of Health, a series of expectations and performance targets have been determined for each Regional Health Authority. The Ministry and the RHAs discuss and establish clear responsibilities in coordinating health care services within each health region and the province as a whole. Based on these expectations and responsibilities, a series of performance management indicators have been established to provide an evaluation tool to determine if expectations have been met.

This section of the Annual Report provides the opportunity to demonstrate accountability and communicate progress on the strategic goals as established by the health region, in conjunction with the Ministry's expectations. In addition, it provides information to guide the region's priority setting and decision-making in moving towards the achievement of strategic objectives. It assists the health region in determining if their strategies and activities are effective and efficient.

With the past implementation of the region's *2007-2010 Strategic Plan* document, the performance results will also be used to review results/achievements in relation to those identified in the plan.

Access to Quality Health Services

Enhancing the access to a wide range of health services is essential to ensure that individuals get the "right care in the right place at the right time".

Access to Surgical, Specialized Diagnostic Imaging Procedures, & Addictions

The ability to consistently provide timely access to diagnostic and surgical services to the residents of southwestern Saskatchewan is an achievement the Cypress Health Region is proud of. The region regularly exceeds the targets set by the Ministry of Health and in fact demonstrates unused capacity, particularly in waiting times for surgical and diagnostic procedures, consistently achieving shorter wait times than many other regional hospitals.

New Leader X-Ray Unit Grand Opening

Specialized Medical Imaging Services

In medical imaging services, the Cypress Health Region saw success in the 2008/09 fiscal year. The health region performed computerized tomography (CT) examinations on a total of 3,439 patients, which was an increase of 254 over the original projection of 3,185 patients. This increased utilization is a benefit for residents of southwestern Saskatchewan who have ready access to quality CT services in close proximity to their residence.

All CT requisitions within the health region are screened by the Radiologist or the Lead CT Technician for urgency classification and, at the same time, it is also determined if the patient is receiving the appropriate exam given their medical history.

CYPRESS HEALTH REGION

Number of Patients as a Percentage of Agreed on Target for CT Services

Year	Patients			Exams		
	Actual Number	Target Number	Actual as Percentage of Target	Actual Number	Target Number	Actual as Percentage of Target
2008/09	3,439	3,125	110.0%	4,065	4,429	91.8%
2007/08	3,190	2,520	126.6%	4,015	3,880	103.5%
2006/07	2,789	2,520	110.7%	4,117	3,880	106.1%
2005/06	2,532	2,476	102.3%	3,672	3,810	96.4%

Source: Summarized data from managers in individual Regional Health Authorities
Data Provided By: Acute and Emergency Services Branch (AESB), Saskatchewan Health

Operational funding for CT technologists has been a challenge for the region. As a result, General Radiology area staff are often pulled from their departments to assist with the large CT workload.

Factors affecting the achievement of CT targets are controlled in nature. The wait list for CT examinations is held at bay by the use of extra staff when necessary and the control measures used by the requisition screening process.

The health region projected a total of 4,429 computer tomography (CT) examinations while actual numbers were 4,065. This data equates to 364 less exams performed than originally projected.

This statistical data means that the average number of exams per patient decreased from 1.39 to 1.18 while the number of patients served computed to 108% of the original projected numbers. This is a very meaningful accomplishment as it is an increase in patients but a decrease in costs of 364 CT examinations.

CT Examination Equipment

Surgical Program Services

The statistics display a variance of 311 actual surgical cases completed versus the target number of cases. This negative variance is directly attributed to the region having a complement of only one general surgeon versus the desired two general surgeons. One general surgeon has the capacity to perform approximately 400 surgeries per year which if a second surgeon was on staff, the variance would be more than consumed.

The surgical program has the capacity and budget to have other on-site surgeons utilize more available surgical theatre time. However, none of them are facing waiting lists to fill their regular elective days. There has been approximately 60 hours of unutilized time per month identified, but the only two surgeons that have an existing wait list involve cataracts and tonsillectomies. Increasing the region's numbers of cataract surgeries will require increased funding. The region is restricted in the number of tonsillectomies due to the visiting ENT surgeon only being available two days per month and not being able to commit any additional days.

The goal for achieving Priority Level 1 surgical cases is not meeting expectations. The major rationale that only 66.4% of patients that are booked have their surgery within three weeks is due to the visiting specialists' availability on a once per month basis. Thus, when seen by a visiting specialist, the earliest that a Level 1 case would have surgery is four weeks later.

Other rationale for not meeting this expectation is due to patients waiting to be cleared for surgery by internal medicine physicians. Challenges presented with having less than a full complement of internists attributed to this problem, but a more efficient process has been developed and implemented to ensure that Level 1 cases are processed at a quicker pace than less priority surgical cases. Of course, there continues to be a number of surgical cases that are postponed by the client due to personal reasons – these postponements also affect the completion percentage that is reported.

CYPRESS HEALTH REGION

Percentage of Priority Level I, II, III, IV Surgical Cases Completed Within Target Time Frames

Year	Priority Level I		Priority Level II		Priority Level III		Priority Level IV	
	Number	Percent within 3 weeks	Number	Percent within 6 weeks	Number	Percent within 3 months	Number	Percent within 12 months
2008/09	143	66.4%	92	91.3%	486	97.5%	907	98.6%
2007/08	166	73.5%	94	91.5%	505	98.4%	1,009	100.0%
2006/07	137	70.1%	141	80.1%	435	83.4%	970	99.8%
2005/06	160	71.3%	36	66.7%	263	90.1%	989	99.9%

Source: Saskatchewan Surigical Care Network (SSCN); Surgical Patient Registry data mart (Saskatchewan Health)
Data Provided By: Acute and Emergency Services Branch (AESB), Saskatchewan Health

There are only 27 cases (11.4%) of our region's surgical clients that are waiting for surgical procedures to be completed after a six-month timeline. The majority of these cases are waiting for cataract surgery or tonsillectomy procedures. Although there is available surgical theatre time and staffing on hand, increasing the number of cataract surgeries would create a significant challenge to the surgical program's budget due to the high cost of cataract-related surgical supplies.

CYPRESS HEALTH REGION

Percentage of Priority Level I, II, III, IV Surgical Cases Completed Within Target Time Frames

Year	Total Cases Waiting	Already waited more than 6 months		Already waited more than 12 months		Already waited more than 18 months	
		Number of Cases	Percent of Total Cases Waiting	Number of Cases	Percent of Total Cases Waiting	Number of Cases	Percent of Total Cases Waiting
2008/09	237	27	11.4%	0	0.0%	0	0.0%
2007/08	218	15	6.9%	0	0.0%	0	0.0%
2006/07	122	0	0.0%	0	0.0%	0	0.0%
2005/06	285	31	10.9%	0	0.0%	0	0.0%

Source: Saskatchewan Surigical Care Network (SSCN); Surgical Patient Registry data mart (Saskatchewan Health)
Data Provided By: Acute and Emergency Services Branch (AESB), Saskatchewan Health

CYPRESS HEALTH REGION

Surgery Performed as a Percentage of Target and Variance from Target

	2008/09	2007/08	2006/07	2005/06
Actual Number of Surgeries	1,789	2,130	2,208	1,884
Target Number of Surgeries	2,100	2,100	1,850	1,750
Actual as Percentage of Target	85.2%	101.4%	119.4%	107.7%
Variance of Actual from Target	<311>	30	358	134

Source: Saskatchewan Surigical Care Network (SSCN); Surgical Patient Registry data mart (Saskatchewan Health)

Data Provided By: Acute and Emergency Services Branch (AESB), Saskatchewan Health

The region looks forward to working with the Ministry of Health to enhance access to surgeries for all people in the province.

Alcohol and Drug Programs

Cypress Health continues to offer full outpatient services for alcohol and addictions treatment. Completion rates are slightly below the provincial average although there is no one contributing factor that can be identified. Substance use treatment continues to be a voluntary service with clients always retaining the right to refuse to attend treatment or discontinue service.

The average wait time for admissions to alcohol and drug outpatient services in the Cypress Health Region remained consistent in 2008/09 with an average wait time of less than two weeks and as low as five days in the second quarter. The wait times within the region are comparable to other Regional Health Authorities within the province who have similar staff levels. This data is gratifying as the region had staff vacancies due to illness of approximately 60 clinic days. This vacancy did, however, have an impact on the ability for other services, such as committee work and presentations, during this time.

CYPRESS HEALTH REGION

Average wait time (in days) for admission to alcohol and drug outpatient services, by Regional Health Authority of service

2006/07	2007/08	2008/09
Not Available	7.4	9.7

Source: Alcohol, Drug and Gambling Information System (Saskatchewan Health)

Meanwhile, inpatient services averaged a two-week wait for admission. This wait time is consistent and comparable with other provincial Regional Health Authorities without inpatient treatment in the region. Cypress Health utilizes all inpatient facilities in the province but the majority of our clients utilize Calder Centre or Pine Lodge. The wait time for detoxification service is approximately three days, with Angus Campbell serving as the facility to which we typically refer clients. Calder Centre provides youth treatment services and stabilization, with a typical wait time of less than two weeks.

The Cypress Health Region has proposed to the Ministry of Health, and has been approved, for funding of two positions within the health region for Community Supports funding. One position was for an Adult Addictions Outreach Worker position, and another for a Recreational Therapist

position to work with youth. These positions will provide for further outreach to take place throughout the region, as well as education to staff about dealing with addictions. It is the intent that the outreach position will provide support to the individuals returning from inpatient treatment as well as their families. It is also intended to provide outreach services to individuals awaiting treatment services.

The Cypress Health Region's Addiction Services department remains in partnership with other agencies and individuals in developing a drug strategy for Swift Current and the surrounding area. Addiction Services staff are also involved in a drug strategy initiative in Shaunavon.

Cypress has partnered with other southern regions to implement a training program targeting Cognitive Behavioural Therapy training, which has considered a best practice for the types of illnesses that Cypress staff treats. A large percentage of staff has taken the initial training, with a subset of these staff attaining higher levels of the training package.

Primary Health Care

The Cypress Health Region is committed to the principles of primary health care and the utilization of a Primary Health Care model of service delivery. It is working with the Ministry and the local communities to create new primary health care sites, and is continually working with its internal health teams and external allied health providers to create primary health care teams. Partnerships throughout the region between home care, mental health, health centre staff, regional Dietitians, and primary health (Diabetic Educator and Team Facilitator) have fostered a positive outcome in the area of standardized care and coordination of services.

Ribbon-Cutting at Mankota Primary Health Care Site Grand Opening

With the addition of Mankota as the region's sixth primary health care site in February 2009, the percentage of the region's population within close proximity to primary health care teams increased again from the 2007 statistics.

CYPRESS HEALTH REGION

Percentage of RHA Population with Geographic Proximity to Primary Health Care Teams

Years	Percentage of RHA Population	Sites
2008/09	27.96%	Vanguard/Hodgeville, Leader, Maple Creek, Eastend, Mankota
2007/08	26.23%	Vanguard/Hodgeville, Leader, Maple Creek, Eastend
2006/07	11.24%	Vanguard/Hodgeville, Leader
2005/06	10.70%	Vanguard/Hodgeville, Leader

Source: 2007 Saskatchewan Covered Population (Saskatchewan Health)
Data Provided By: Primary Health Services Branch (PHSB), Saskatchewan Health

The region's percentage of population within geographic proximity has increased to 27.96% in 2008-09. Due to the addition of Maple Creek and Eastend sites in 2007 and the community of Mankota in 2009, the current statistics display a marginal increase to 2008 but a major improvement over the 11.24% that the region experienced in 2006-07.

Due to the increase in primary health care sites, the numbers of clients being seen by a primary health care provider (i.e. physician or nurse practitioner) continues to rise in proportion:

CYPRESS HEALTH REGION

Primary Health Care Site Stats

Eastend Primary Health Care Site Stats

	2008/09	2007/08	2006/07	2005/06
Physician	676	N/A	N/A	N/A
RN (NP)	1,152	N/A	N/A	N/A

Maple Creek Primary Health Care Site Stats

	2008/09	2007/08	2006/07	2005/06
Physician	13,267	N/A	N/A	N/A
RN (NP)	2,002	N/A	N/A	N/A

Hodgeville Primary Health Care Site Stats

	2008/09	2007/08	2006/07	2005/06
Physician	471	447	494	556
RN (NP)	1,282	1,294	1,079	1,240

Mankota Primary Health Care Site Stats

	2008/09	2007/08	2006/07	2005/06
Physician	145	N/A	N/A	N/A
RN (NP)	181	N/A	N/A	N/A

Leader Primary Health Care Site Stats

	2008/09	2007/08	2006/07	2005/06
Physician	N/A	N/A	N/A	N/A
RN (NP)	2,089	2,527	2,059	1,694

Vanguard Primary Health Care Site Stats

	2008/09	2007/08	2006/07	2005/06
Physician	452	467	517	661
RN (NP)	1,098	1,248	906	1,349

At the end of 2008-09, the region employed six Registered Nurse/Nurse Practitioners and has established themselves as a provincial leader in the recruitment and utilization of RN (NP)s. The availability and retention of physician resources continues to be a challenge to primary health care locations within rural Cypress communities. The inconsistent availability of on-call physician services created situations where temporary disruptions in service had to be declared.

"The ability to serve in such an area (Eastend) is very rewarding, and you can continue your skill-set honing in small clinics such as the one I work in. Working with a physician and other primary health care team members provides the collegial support that I desire. As a Nurse Practitioner in Eastend I can tell you that the community respects my hours at the clinic. All in all, I think this is very exciting work for someone intent on developing many diverse skills. It can be very inspiring to come to work and know you are providing a much-appreciated service."

Shelley Wilson, RN NP

The provincial HealthLine continues to be a key health care alternative for all residents of the Cypress Health Region. Despite a plethora of mediums used throughout the region to advertise the HealthLine as a form of primary health care, numbers in the region remain lower than desired. HealthLine calls dropped from 4,457 in 2007/08 to 3,866 in 2008/09. The region will continue to promote the HealthLine as a valuable resource in the future.

HealthLine

1-877-800-0002

www.healthlineonline.ca

CYPRESS HEALTH REGION

Number of Persons Receiving a Service from HealthLine for the Regional Health Authority

Year	Number of Persons Receiving a Service from HealthLine				
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
2008/09	895	920	1,246	805	3,866
2007/08	1,053	1,209	1,199	996	4,457

Source: Primary Health Services Branch (PHSB), Saskatchewan Health
Data Provided By: Primary Health Services Branch (PHSB), Saskatchewan Health

Discussions have taken place with HealthLine representatives to solidify another extensive marketing campaign to increase awareness of the benefits of this valuable service to the residents of our region. It is anticipated that a strategy will be initiated during the 2009-10 fiscal year.

HealthLine Offices, Regina, SK

Chronic Disease Management

Chronic Disease education is offered in all communities in the region on a regular basis. During the timelines of April 2008-March 2009, some tremendous participation statistics are available.

- Offered group CDM education classes in all 13 communities in the region. The topics included a variety of presentations on diabetes, heart disease, stroke, and COPD
- 410 clients received education from 48 rural group classes
- 117 clients received one on one counselling for diabetes in 26 rural clinics
- 365 clients received one on one counselling for diabetes in Swift Current and follow-up phone calls were made to approximately 30 clients per month
- The six week cardiac education program was held in Swift Current five times with 50 participants
- 60 Hutterite members from Maple Creek received diabetes teaching at the colony
- Region also provided full day workshops such as the Women's Heart Health Day in Eastend, the Diabetes Forum and John Schick day in Swift Current, Wellness Day in Abbey, Farm Safety in Leader, PARTY program in Vanguard, as well as Tobacco Cessation programs in four communities
- Promoted healthy living and offered screening at opportunities such as trade fairs in Vanguard and Maple Creek
- Cypress Health Region dietitians offered 11 classes with 64 participants

Chronic Diseases Management Committee

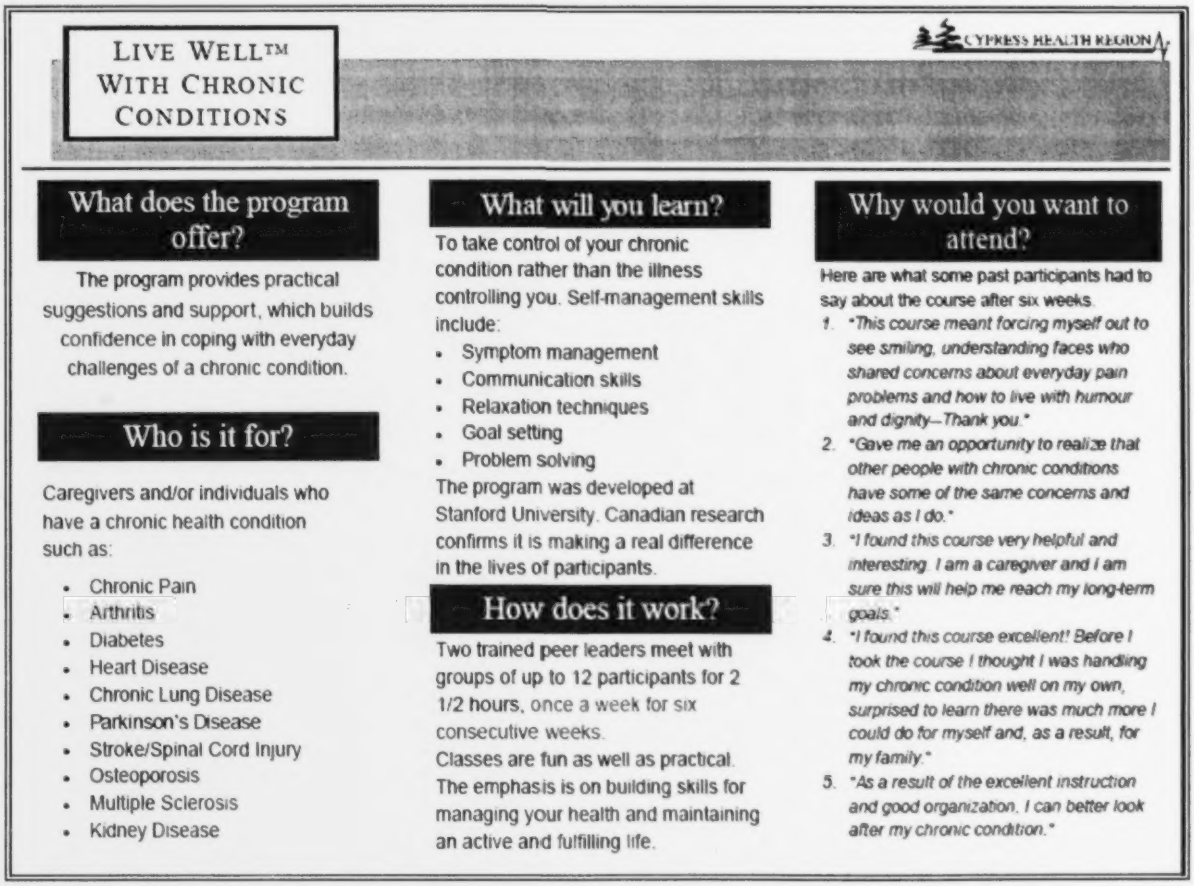
Primary health care continues to facilitate and organize quarterly meetings composed of staff from all communities in the region (Home Care, Dietitians, Educators and Nurse Practitioner's). The focus of the committee is to move forward with standardized Chronic Disease Management education throughout the region for staff and clients; education that is evidence based and best practice.

The health region is moving forward with the utilization of client registries and clinical algorhythms in Chronic Disease Management i.e. Diabetes Database, Health Quality Council Toolkit, etc.

Live Well with Chronic Conditions

Live Well with Chronic Conditions is a program that provides practical suggestions and support, which builds confidence in coping with everyday challenges of a chronic condition. Peer leaders continue to be trained in various communities in the region.

The health region has developed a number of peer leaders but is facing challenges with enticing members of the public to participate in the class.



LIVE WELL™ WITH CHRONIC CONDITIONS

CYPRESS HEALTH REGION

What does the program offer?

The program provides practical suggestions and support, which builds confidence in coping with everyday challenges of a chronic condition.

Who is it for?

Caregivers and/or individuals who have a chronic health condition such as:

- Chronic Pain
- Arthritis
- Diabetes
- Heart Disease
- Chronic Lung Disease
- Parkinson's Disease
- Stroke/Spinal Cord Injury
- Osteoporosis
- Multiple Sclerosis
- Kidney Disease

What will you learn?

To take control of your chronic condition rather than the illness controlling you. Self-management skills include:

- Symptom management
- Communication skills
- Relaxation techniques
- Goal setting
- Problem solving

The program was developed at Stanford University. Canadian research confirms it is making a real difference in the lives of participants.

How does it work?

Two trained peer leaders meet with groups of up to 12 participants for 2 1/2 hours, once a week for six consecutive weeks.

Classes are fun as well as practical. The emphasis is on building skills for managing your health and maintaining an active and fulfilling life.

Why would you want to attend?

Here are what some past participants had to say about the course after six weeks.

1. *"This course meant forcing myself out to see smiling, understanding faces who shared concerns about everyday pain problems and how to live with humour and dignity—Thank you."*
2. *"Gave me an opportunity to realize that other people with chronic conditions have some of the same concerns and ideas as I do."*
3. *"I found this course very helpful and interesting. I am a caregiver and I am sure this will help me reach my long-term goals."*
4. *"I found this course excellent! Before I took the course I thought I was handling my chronic condition well on my own, surprised to learn there was much more I could do for myself and, as a result, for my family."*
5. *"As a result of the excellent instruction and good organization, I can better look after my chronic condition."*

Enhancing the Workplace Environment

Healthier, More Effective Workplace

In 2008/09 the Occupational Health and Safety (OH&S) department within the Cypress Health Region received a provincial OH&S inspection where they were handed 25 contraventions classed into 13 regulations. The region implemented correction for each of these contraventions through the implementation of a new orientation, replacement of damaged electrical equipment, identification and marking of asbestos in its facilities, installation of proper flashback regulators on gas burning equipment, and others.

The region then received a second OH&S inspection in December of 2008 where it received four contraventions that are being addressed by the Cypress Health Region. This significant commitment to OH & S has resulted in major improvements and positive results.

In the 2008/09 year the Cypress Health Region committed to have an external investigator conduct its investigations of harassment complaints. During the year four investigative complaints were brought to the attention of the outside investigator. This change has taken the pressure off other employees conducting the investigation and the investigation is now seen as employer driven.

MSDS Online is another added feature that the Cypress Health Region implemented to ensure compliance with the OH&S act and the regulations to ensure that the Material Safety Data Sheets (MSDS) are current and up to date. A total of 1,295 people visited the site searching for 1,101 sheets.

The Ministry of Health provided each Regional Health Authority with capital to provide workers with safe lifting equipment and the Cypress Health Region has been allocated $733,000 over three years to aid employees in the safe lifting of patients. This allocation will provide additional lifting equipment while also providing an enhanced bed to lift ratio. In the regions' acute care areas, the funding will provide a 6:1 bed to lift ratio and in long-term care areas it will provide a 5:1 bed to lift ratio. This ratio will continue to improve with the release of the second and third year funding allocations.

The region also took the initiative to ensure that its employees were properly fit tested with respirators. In 2007 the region had less then 20% of its staff fit tested while it now has 80% complete with the majority of the remaining 20% being casual workers that are not often in the facilities.

Musculoskeletal injuries remain as the most common while backs are the body part that is most frequently injured. Additional education over and above the current Transfer/Lift/Repositioning would be an asset to ensure that proper back care is utilized in each facility while also reducing the number of employees that are injured every year.

Ability Management Program

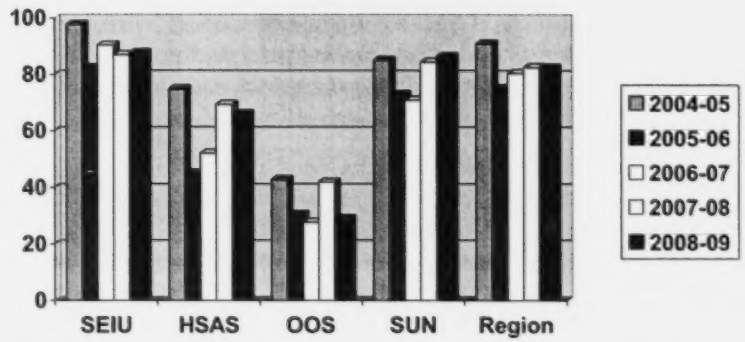
New programming targeting an enhanced level of physical fitness among the employee population include projects such as the provision of ergonomic assessments, in-house functional capacity evaluations, voluntary health assessment screening programs, and the development of an employee wellness committee that aims to bring together the philosophies of primary health care with employee health and wellness needs. Members of this program are also very involved in the return to work programming for staff, attendance support programming, and addressing sick leave and WCB-related issues.

Number of sick leave hours per full time equivalent (FTE) by affiliation

With the exception of the Saskatchewan Union of Nurses (SUN), the Cypress Health Region's employee providers are below the provincial average in the number of sick leave hours per full time equivalent (FTE). The region's most significant data is in its Out of Scope (OOS) staff whose 7.24 sick leave hour average is over 40% less than the provincial average of 12.26 sick leave hours on average.

Sick Leave Hours By Affiliation

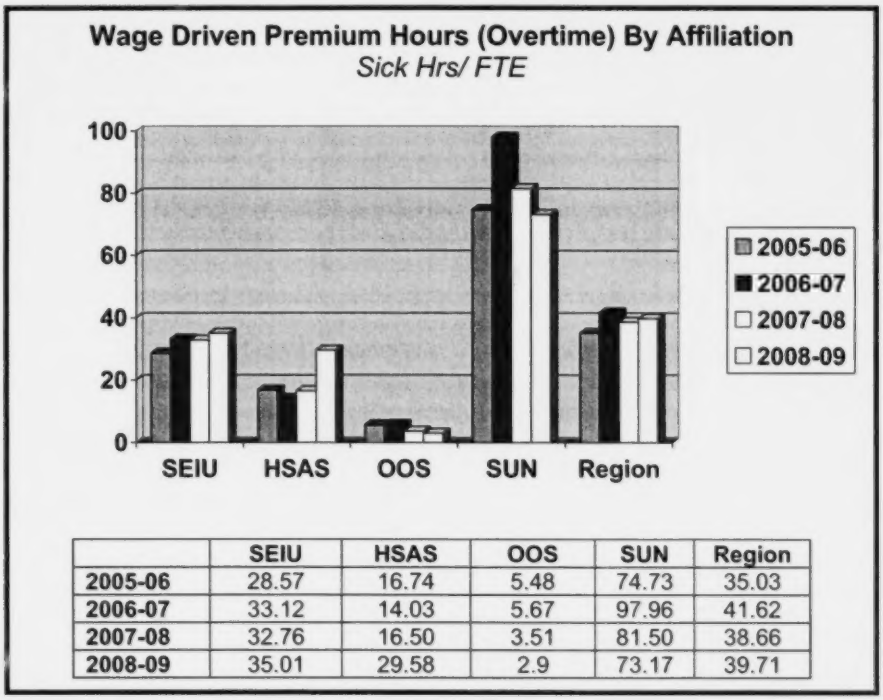
Sick Hrs/ FTE



	SEIU	HSAS	OOS	SUN	Region
2004-05	97.64	74.77	42.76	85.01	90.84
2005-06	82.27	45.01	30.44	72.91	75.12
2006-07	90.33	52.07	27.68	70.82	80.39
2007-08	86.90	69.35	41.95	84.41	82.41
2008-09	87.76	66.11	28.95	86.42	82.35

Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation:

All employee providers are below the provincial average in wage-driven premium hours per full time equivalent with the Service Employees International Union (SEIU) leading the way with 8.76 wage-driven premium hours per FTE, nearly 30% fewer than the provincial average of 12.07.



	SEIU	HSAS	OOS	SUN	Region
2005-06	28.57	16.74	5.48	74.73	35.03
2006-07	33.12	14.03	5.67	97.96	41.62
2007-08	32.76	16.50	3.51	81.50	38.66
2008-09	35.01	29.58	2.9	73.17	39.71

Number of lost-time WCB claims per 100 full time equivalents (FTEs):

The Cypress Health Region has taken a proactive approach to the Norwalk virus and, despite seeing its number of lost-time WCB claims per 100 FTEs slightly higher than the provincial average, have produced strong results.

The region saw an average of 1.79 lost time WCB claims per 100 FTE's as compared to the provincial average of 1.63.

It should be noted that had the region not filed 28 Norwalk claims, it would have been more comparable to the provincial average.

The Cypress Health Region has noticed an increase in injuries in its housekeeping department related to the traditional mop and pail floor cleaning system. It is anticipated that the implementation of Bio-Sticks will reduce these injuries.

Number of lost-time WCB days per 100 full time equivalents (FTEs):

The Cypress Health Region saw an average of 77.32 lost time WCB days per 100 FTEs in the 2008/09 fiscal year. This number, when compared to the provincial average of 106.05 lost time days, is nearly a 30% difference.

In order for the region's rural employees to access rehabilitation outside of their communities, the Cypress Health Region has taken the initiative to become accredited to provide primary level WCB services to its employees. Employees can now access therapy services within their home facilities, reducing their time away from work.

Quality, Efficient, Accountable Health System

Public Confidence

The region regularly reports on its activities and issues facing the health care system and the health/well-being of its 44,000 residents. In order to stay aware of issues that might affect public confidence in the health care system, the region maintains regular contact with our service providers, affiliate organizations, health service union partners, the Ministry of Health and other health care organizations.

Most importantly, we value our interactions with the people we serve – the residents of the health region. We use an assorted variety of methods to garner public input, to maintain good relations with community leaders and the media, and to provide timely information about programs and services, and issues that affect the public.

Members of the senior management team, directors group, and/or RHA have met with specific municipal councils, Community Leadership Networks, special interest groups, community service organizations, Community Trust Advisory Committees, and other similar stakeholder groups to discuss specific issues of concern or to increase their awareness of potential upcoming issues that will affect multiple groups.

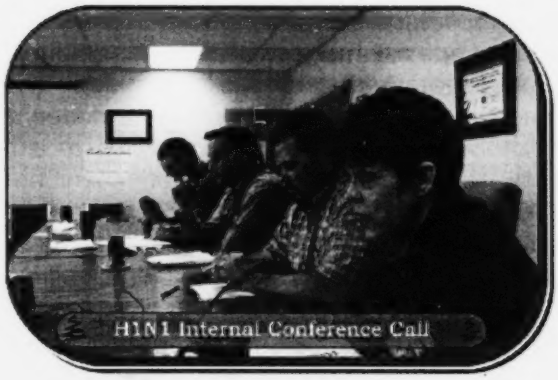
Some of the means in which we stayed in touch with our employees, public and other stakeholder groups included distribution of a quarterly public newsletter and a bi-weekly employee/physician newsletter, ongoing enhancements to the region's website (www.cypresshealth.ca), informational mailouts distributed to residents' mailboxes, public and/or town-hall meetings, use of the Community Leadership Network representatives to relay information to their communities, among others.

With the region's strong relationship with its media partners, we realize the important role that they play in raising awareness about health issues and programs/services being offered. The region worked closely with media partners throughout the region and provided information (news releases, background information) and access to spokespersons who were able to speak to a variety of issues and events. Emphasis is placed on transparency, timely and accurate provision of information to stakeholders, and respect for patient privacy in the region's public relations efforts. The region's attention to disclosure and reputation for openness has been nationally recognized.

In addition, the region works closely with its media partners to host 'media events' to raise their awareness of the programs/services that we offer and to update them on issues/challenges/achievements that the region is facing. Examples of such events include the grand opening of the EMS garage in Shaunavon, introduction of new programs such as the midwifery program, information on the issue of 'single-use' needles and syringes, among others.

Contingency Planning

The health region is aware that comprehensive planning is necessary in order to be prepared for any emergency or situation that can present a situation where the 'status quo' is not in order. To this extent, the region is continually monitoring its readiness to operate in situations where an emergency is identified (example, pandemic, respiratory outbreak, tornado, etc.) or when the available resources are less than what is necessary to maintain normal operations (example, job action by union members, temporary unavailability of staffing resources, etc).



The region has emphasized that planning must occur to increase its readiness to respond in a variety of situations. For example:

- Emergency Preparedness Manual has been developed that provides a series of planning documents, checklists, and other required information in the event of fires, natural disasters, pandemics, bomb threats, etc. The manual has been prepared in conjunction with community stakeholders.
- Ongoing relationship with the Emergency Measures Coordinators throughout the region – regular planning sessions are held with fire departments, social services departments, and others to ensure a multi-organizational approach is utilized if emergencies present themselves.
- Preparation of a Strike Contingency Plan that provides guidance in the event of a job action by one or more of its unionized staff organizations.
- Development of a 'Diversion Protocol' that is utilized by facilities and services when there is a temporary reduction of services required due to an unavailability of health providers (i.e. registered nurses or physicians). This protocol is developed in conjunction with the Ministry of Health's guidelines and processes.

Business Continuity

The overall objectives of the Information Systems Disaster Recovery Plan (DRP) are to protect health region resources and employees, to safeguard the organization's vital records, and to ensure the ability of Information Systems to function effectively in the event of a severe disruption to normal operating procedures. The primary role of the DRP is to document the Information Systems department's plan for response, recovery, resumption, restoration, and return after severe disruption. The central theme of the plan is to minimize the effect a disaster will have upon ongoing operations.

The health region has initiated a DRP that provides a framework that will guide Information Systems staff in reacting to a 'disaster' that disrupts their normal operations. This plan is being reviewed and revised to include more substantial planning and preparation – the completion of a revised DRP will to be completed in 2009.

- The region has offsite backup procedures and ongoing server maintenance in place.
- The region is connected to Health Information Systems Centre (HISC) via CommunityNet with a redundant link for critical clinical applications.

- A plan is in place to address any difficulties pertaining to on-site scheduling and payroll needs. Offsite access is available to complete these tasks if not available as per normal operating processes.
- Emergency preparedness and pandemic planning is being reviewed and revised, and business continuity planning is one part of the review.
- Cypress has initiated an insurance relationship with Healthcare Insurance Reciprocal of Canada (HIROC) Canada as of April 1, 2009, which is for an initial four-year term. Part of the relationship involves participating in a series of Risk Management Self-Appraisal Modules (RMSAM) that will help to determine business continuity plans for all programs/services that the region offers.
    - RMSAM processes will be undertaken that will see the region perform a risk audit to determine our preparedness for business continuity.
    - The region continues to work with the Ministry of Health and other health regions to prepare for any potential labour unrest and job action.

Quality and Safety

At the same time, the region is proud of its commitment to safe and quality-laden health care services and the spirit of continually improving the programs it offers. The region participated in a series of quality initiatives throughout the fiscal year, including:

- Participation in the Canadian Council on Health Services Accreditation survey in the fall of 2007 - the region was pleased to receive a 'three year accreditation, with report' status as a result of the visit. All recommendations for the July 2008 and January 2009 reports were met. The region has met all 21 Required Organizational Practices from 2007. The region began Qmentum surveys in February of 2009.
- Continued spread of the Lean/SixSigma program that began in 2007. The region has one Lean SixSigma Black Belt, four Lean/SixSigma Green Belts, and six staff in the process of completing their Lean SixSigma Green Belt training. Major initiatives include projects in the emergency department, the regional lab, mental health and an integrated care facility. Several mini projects to improve patient safety were completed as well (i.e. locking medications, Subcutaneous Insulin Injections, Medication Reconciliation), as well as others in reducing errors in payroll processing, social work/home care utilization processes.

Green Belt Tracy Wiebe in Lab Refrigerator

- Ongoing involvement with the Health Quality Council's initiatives - chronic disease management collaborative, long term care medications study, acute care patient experience survey
- Nine staff completed the *Coach Approach and Measurement* workshops as part of their Quality Team training. These skills were applied to assist teams in meeting accreditation recommendations.

- 73 staff participated in Health Quality Council's *TLQIT* training. Several quality improvements resulted from these sessions (ex. public health inspection tracking, wait times in community physiotherapy, pain management in long-term care)
- Enhancements to the Quality Improvement Tool Kits - failure mode evaluation analysis (FMEA), root cause analysis training (RCA), LEAN transactional processes.
- Participation in the *Quality as a Business Strategy Leadership Learning Collaborative.*
- In-person patient safety education was provided to 489 staff (30% of the regional staff). Patient safety topics included the Halifax 8 sessions, disclosure, transparency in health care, safety policies, surgical checklists and a patient safety week. Patient safety education was also delivered through *Talkabouts*, articles and regional newsletters.
- Development of a "Living a Culture of Safety" program > education/awareness programs have been delivered to nearly 30% of staff, informational brochure developed and distributed to patients and staff.
- "Think Safe … Communicate" was developed as a theme for increasing awareness regarding the importance of patient safety. This social marketing campaign involved a variety of mediums aimed at information provision to patients, clients and their families regarding their ability to be involved in patient safety.
- Continued implementation of the Nursing Model of Care, in conjunction with the University of Saskatchewan and The Ottawa Hospital
- Continued growth in the Quality Support Coordinator activity - due to the ongoing process improvements made and experience gained by the incumbent, a significant improvement was attained in relation to the percentage of concerns raised that were concluded within 30 days. The percentage of achievement increased by 17% over the previous fiscal year.

CYPRESS HEALTH REGION

Quality Care Concern Summary

	2008/09	2007/08	2006/07
Total Concerns	212	319	202
Total Number of Closed Concerns	214	316	203
Resolved in Number of Days Less Than or Equal to Outlier Value	178	272	168
Resolved in Number of Days Greater Than Outlier Value	36	44	35

Quality Care Concern Types by Category

	2008/09	2007/08	2006/07
Access to Service	39	38	49
Care Delivery	82	89	56
Communication	7	16	14
Cost	16	34	41
Environmental Factors	26	108	25
Other	4	3	5
Non Jurisdictional	38	31	12

Capital Construction Projects

Following the 2007 transfer to the new Cypress Regional Hospital in Swift Current, the health region focused on its next highest prioritized capital project advocacy processes – that is, integrated health facilities in Maple Creek and Leader, and the replacement of the long term care facilities in Swift Current.

The last two months of fiscal year 2008-09 saw the past advocacy efforts come to reality, as the provincial government announced that a new integrated health facility in Maple Creek was approved and that the region was able to begin planning on the replacement of long term care programming in Swift Current. As the region moves into 2009-10, emphasis will be placed on consultations with local municipal councils and community interest groups, and planning for these two capital projects.

Major capital projects such as these and capital infrastructure projects have become a reality through the development and enhancement of relationships with the Ministry of Health, the Dr. Noble Irwin Regional Healthcare Foundation, municipal governments, community service groups and entire communities. Their commitment and assistance regarding the financing of capital construction and capital infrastructure projects are essential to their success.

Financial Summary

The Cypress Health Region ended the fiscal year with an operating surplus of $768,049 or 0.7% of actual operating expenditures. It has been determined that the 2008/09 surplus will be left in the operating fund to strengthen the financial viability of the region.

Actual operating revenues totalled $103.8 million, of which provincial funding accounted for $93.1 million or 90% of the region's total funding.

The actual operating expenses for 2008/09 was $103 million, which equates to spending $282,256 per day to deliver healthcare services within the Cypress Health Region. The $103 million in operating expenses for 2008/09 represents a $6.86 million increase over 2007/08 actual operating expenses.

About 40% of operating expenditures were spent on acute care, 33% on long term and supportive care, and 22% on community based services. Approximately 80% of actual operating expenditures relate to salaries, benefits and medical remuneration.

CYPRESS HEALTH REGION

Expenditures in program support funding pool as a percentage of total Regional Health Authority operating expenditures

2004/05	2005/06	2006/07	2007/(	2008/(
4.6%	4.7%	4.4%	4.6%	4.8%

Source: Statement of operations from individual Regional Health Authorities
Data Provided By: Regional Financial Services Unit, Financial Services Branch (FSB), Saskatchewan Health

The performance target of less than 5% spent on program support expenditures was achieved for the fiscal year amounting to 4.76% of the total operating expenditures for the health region. As of March 2009, the operating fund had a working capital deficit of $162,806. This indicator is calculated as "Current Assets" less "Current Liabilities" in the operating fund from the *Statement of Financial Position* in the audited financial statements. Currently, the region is operating with a negative (0.70) days of working capital in the Operating Fund. According to this statistical trend, the health region's position of financial viability has been significantly enhanced over the past years.

CYPRESS HEALTH REGION

Number of days able to operate with working capital

2004/05	2005/06	2006/07	2007/08	2008/09
<8.98>	<7.90>	<3.82>	<1.42>	<.07>

Source: Statement of financial position from individual Regional Health Authorities
Data Provided By: Regional Financial Services Unit, Financial Services Branch (FSB), Saskatchewan Health

In the fiscal year the region received significant capital from the Ministry of Health in the amount of $26.3 million. The majority of the funding was allotted for a new facility in Maple Creek ($18.55 million). Funding was also received to address infrastructure shortfalls, patient safety equipment and a planning grant for a Swift Current long-term care facility.

FUTURE REQUIRED INVESTMENTS

The financial challenges in delivering healthcare are many and varied. Some of the more prominent issues are as follows:

- Implementing consistent workload standards to ensure safe, effective and quality healthcare services.
- Ensuring currently provided services are effective and sustainable.
- Implementing best practices to address quality of service issues.
- Increasing and changing demands for service by residents of the Cypress Health Region.
- Implementing legislative requirements as it relates to privacy, occupational health and safety and patients.
- Inflationary cost pressures as it relates to food, drugs, general and medical supplies.
- Investing in necessary infrastructure projects and capital equipment replacement.
- Improving its financial position by investing in its working capital.

To address these issues, Cypress Health Region needs to generate moderate surpluses on a consistent basis. In addition, the continued development of successful partnerships is key in meeting and enhancing healthcare within the region.

The region is committed to work together with the Ministry of Health and community partners to clearly identify and cost these challenges in attempts to achieve higher levels of patient satisfaction and financial sustainability.

Future Outlook/Emerging Issues

With the development of the Strategic Plan 2007-2010, the Cypress Regional Health Authority established a formalized course for the region's work over the three years' timeline. It identifies important challenges and opportunities that the region anticipates arising in the coming years. It serves as the foundation for annual operational plans to be developed, in conjunction with the Ministry's directions and guidelines.

NOTE: The Strategic Plan 2007-2010 is available by visiting the Cypress Health Region website at www.cypresshealth.ca

Community hospitals and emergency medical services (EMS) play a critical role in the delivery of health services in a rural area such as our health region, as well as posing significant challenges. The ability to recruit and retain nurses, physicians, and other hard-to-recruit health professionals to rural communities will determine the sustainability of these facilities. The need to direct and maximize resources in the communities of Herbert, Shaunavon, Maple Creek and Leader will form the platform for discussions with our community partners and the Ministry of Health into the future.

Recent announcements regarding planning for capital projects in Maple Creek and Swift Current are exciting and full of promise. The region is fully committed to continued partnerships with the staff, physicians, and communities to seize the opportunity to enhance health care provision for the residents of the communities, both now and well into the future.

The Regional Health Authority has identified other capital construction and capital infrastructure projects as priorities for the upcoming provincial capital budgets. The securing of local funding for the 35% share of the bricks and mortar and 100% of the equipment for the replacement/renovation of facilities will create a challenge that will require attention and dialogue with municipal and community partners.

The Cypress Health Region can look forward to improved performance on surgical indicators based on our ability to effectively recruit and retain surgeons, specialists and anaesthetists. Combined with this ability to retain specialists, the outlook is promising due to the investments made into surgical equipment over the past years, the dedicated Day Surgery Unit, transferring into the new Cypress Regional Hospital with improved space and working environment, and our involvement with the Provincial Surgical Information system project.

The expansion of Primary Health Care teams and community sites is projected to continue into the future. Along with the tremendous interest that has been expressed by several communities in welcoming the primary health care initiatives to their communities, our health region is faced with several single-physician practices in smaller rural communities that will be difficult to recruit a permanent replacement into the community. However, the realization of expanded primary health care sites requires a combination of several key factors including physician participation, active community involvement, and a team approach to healthcare.

However, with the increased prevalence of risk factors that contribute to chronic diseases, the increased need to prevent and treat diseases such as diabetes and cardiac concerns will be an issue to deal with. The focused efforts on increasing the public's awareness of the risk factors for chronic disease are considered "upstream" efforts that sometimes take many years to prove their effectiveness. It can be assumed that quality organizations such as Health Quality Council,

Safer Healthcare Now and Accreditation Canada will continue to emphasize quality and prevention into the future.

Positive strides towards population health programming successes are anticipated. The further development and implementation of the Population Health Promotion strategies will guide the efforts of region staff and their community partners.

The past implementation of the Ministry of Health's Relocation Program and Rural Hard to Recruit programs have been instrumental in assisting the region in recruiting health professionals to our region. Retirements among experienced healthcare professionals are expected to result in increased vacancies in rural communities. The region will continue to focus on anticipated needs and recruit aggressively to fill its current and future vacancies, in conjunction with its union partners and existing region staff.

The management of financial pressures associated with implementing research-based best practices and dealing with increased workloads in various services throughout the region is anticipated to increase in magnitude.

It is imperative that the health region continues to enhance the "culture of safety" in our organization. We are moving in this direction but change takes time to become the "norm" versus the "exception". This environment is not created overnight and it is only the steadfastness of our commitment to this on all levels of the organization that will help us reach our new culture and then move us forward in our patient and staff safety targets. Our continued emphasis on safety will remain a priority in the future, as we want to continually provide an environment that is safe for our clients and staff. Our safety-related processes will be revised to reflect this priority and our reporting structure is a key element in attaining it.

The increased emphasis on creating a culture of safety will assist the Region in demonstrating its commitment to employee well being. The expanded scope of the Ability Management program via ergonomic assessments, education sessions, and modified work duties will again have a positive impact in decreasing our lost time claims.

The Cypress Regional Health Authority and its employees will continue to provide a continuum of high quality health care services to the residents of southwestern Saskatchewan. We will provide these services within the parameters of the challenges and/or limits that surround us – whether they are financial or human resource related.

Along with the challenges, health care is also full of opportunities, which we want to take full advantage of. We are working hard to create a quality-working environment for our health care providers and, more importantly, we are seeking out new ways to share our expertise and knowledge with patients so they can make the most of their health and well being.

Looking forward to the results of the 'Patient First Review' we anticipate a series of recommendations that will help to shape the future of customer/client engagement and how health services are provided. The region's involvement in the 'Quality as a Business Strategy' program offered by the Ministry and the Health Quality Council will also pave the way for strategic planning into the future.

We will continue to dedicate the resources available to us towards the attainment of our vision:

Together – Your Health, Our Future.

Governance and Transparency

The Regional Health Authority #3 was established on August 1, 2002 with the proclamation of *The Regional Health Services Act*. The Authority assumed the operations of the former Rolling Hills, Southwest, and Swift Current Health Districts as of this date.

The geographic boundaries pertaining to Regional Health Authority #3 was named the *Cypress Health Region* and the governing body assumed the name of the *Cypress Regional Health Authority*.

RHA Membership

As per *The Regional Health Services Act*, there are to be twelve members serving on the *Cypress Regional Health Authority* and are appointed by the Lieutenant Governor in Council. These members represent the diversity of the health region from a mixture of rural and urban backgrounds.

In early February 2009, the Minister of Health announced a series of new appointments to the Regional Health Authorities throughout the province. Following that announcement, the Cypress Regional Health Authority included the following twelve members:

Cypress Regional Health Authority Board of Directors
Back Row, Left to Right: Bruce Deg - Swift Current, Kyle Quinlan - Swift Current, Dan Leone - Maple Creek, Chairperson Tyler Brass - Swift Current, John Duncan - Maple Creek, Brian Whiteside - Swift Current
Front Row, Left to Right: Pam Bobby - Leader, Elaine Anderson - Frontier, Judy Smith - Menkota, Terry Wilson - Morse, Larry Stephens - Swift Current
Missing: Vice-Chairperson Ron Heeg - Swift Current

2008/09 Cypress Regional Health Authority Departures:

- *Betty Goddard (Cabri) – September 2008*
- *Lois Donnelly (Swift Current); Jeannine Schmaltz (Prelate); Alma Thibault (Ponteix) and Louise Walker (Swift Current) – January 2009*

The region is thankful for their efforts and guidance.

Roles and Responsibilities

The Regional Health Services Act defines the roles and responsibilities of the Minister of Health and the Regional Health Authority. The Minister and the Regional Health Authorities work in conjunction to ensure coordinated province-wide planning for the health system.

The Regional Health Authority (RHA) is responsible for the planning, organization, delivery and evaluation of the health services it is to provide within its region or any other area directed by the Minister. Specifically, the RHA is responsible for:

- Strategic planning;
- Fiscal management and reporting;
- Building and maintaining key relationships with stakeholders;
- Quality management initiatives;
- Monitoring, evaluation and reporting of performance indicators; and,
- Monitoring the management and performance of the Authority and Chief Executive Officer.

Organization and Committee Structure

The Cypress Regional Health Authority discusses issues as a committee-of-the-whole and is supported by the existence of an Executive Committee, whose responsibilities are determined by Authority-approved Terms of Reference. The Authority will utilize ad hoc committees, whose membership will consist of Authority members, the Chief Executive Officer, and other members of the Senior Management Team (when required) to deal with specific issues.

To support the Authority in fulfilling its responsibilities, members participate in a variety of other committees including (but not limited to) the Leadership and Partnerships Quality Team, other Quality Teams, Ethics Committee, Community Leadership Networks, provincial Governance Committee and the Saskatchewan Association of Health Organizations (SAHO) Board of Directors.

Board members report to their colleagues at regular monthly Board meetings regarding their participation in, and activities of, the committees.

Community Leadership Networks (CLN)

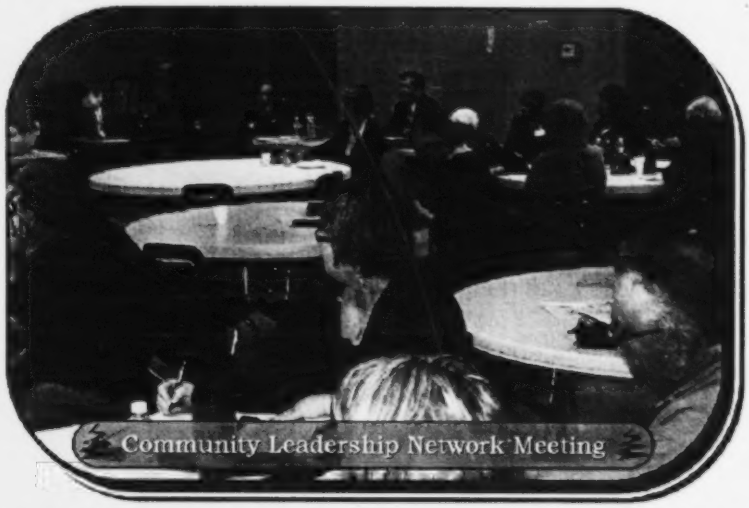
The Regional Health Services Act requires each Authority to develop a process where public input and feedback is solicited to provide the Authority with advice respecting the provision of health services in the health region. These opportunities to consult with the "community" provide information on broad issues related to the health of the community and help the Authority to better understand the needs and priorities of communities and their residents.

In the previous fiscal year, the Authority approved the implementation of a three-year strategic plan. One phase of this development involved the coordination of consultations with five Community Leadership Networks, which are comprised of representatives from the eighty municipal councils within the health region's boundaries.

During 2008-09, the Authority formally met with its Community Leadership Networks on two occasions. The first set of discussions occurred with each of the five geographic networks and focused on strategic planning consultations and an asset mapping exercise. The most recent discussions occurred in the last quarter and focused on presentations from the College of Physicians & Surgeons, the Patient First Review, and strategies surrounding joint community/ health region physician recruitment processes.

These Community Leadership Networks will continue into the future and will serve as a major element of the community advisory process.

The Authority also utilizes an informal community consultation structure that takes advantage of existing intersectoral relationships that are already in place. Board and administration representatives have welcomed the opportunity to visit municipal councils across the region to discuss health care concerns and issues. This approach will be continued into the future as the Board attempts to enhance its open and transparent relationship with its municipal partners.


Community Leadership Network Meeting

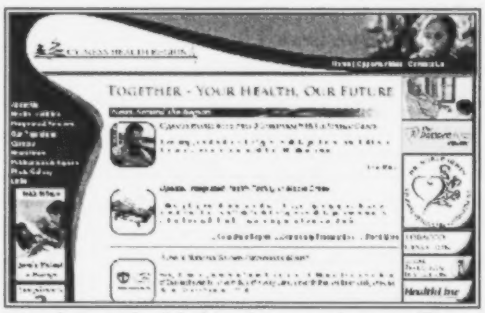
Other consultative processes that are being utilized include discussions at Regional Intersectoral Committee meetings, Southwest Municipal Government Forums, Chambers of Commerce, education and other community stakeholder groups, and former health-district related advisory and trust committees. Specific examples include home care staff's relationship with personal care homes and other unlicensed care facilities, emergency medical services staff relationship with Emergency Medical Organizations (EMO) across the region, development of Community Action Teams to engage communities in the Population Health Promotion Strategy and the Southwest Drug Strategy Committee, and primary health care staff interactions with communities regarding development of primary health care teams.

All formal and informal means of consulting with the public is beneficial for the strategic direction of the Authority. Plans for the future include focus group consultations in communities throughout the region to discuss several specific themes, including the revision of the strategic plan, recruitment and retention of health care professionals, sustainability of services, cost drivers to the health system and customer engagement.

Commitment to Public Transparency

Integrity and accountability are two of the key values that the Authority believes in. They believe in being accessible and accountable to the public and use a variety of ways to ensure that the public has access to information:

- Monthly Regional Health Authority meetings are open to the public to attend and observe. The meetings are extensively advertised in the region's newspapers.
- Existence of established guidelines to facilitate presentations to the Board meetings from interested members of the public or organizations.
- Board meetings rotate through the health region's communities. Local municipal leaders are invited to the meeting and to join the Authority for discussion during the day.
- Regular monthly Authority meeting highlights are distributed to all media contacts throughout the health region, as well as throughout the facilities and offices of the health region for staff viewing. The Authority Chairperson and Chief Executive Officer welcome the opportunity to address issues identified in the monthly meetings with the media.
- Positive working relationships have been established with the media contacts (print, radio, television, online) to ensure the distribution of public information and public safety issues.
- The Chairperson, Chief Executive Officer and other representatives of the health region are available for presentations to municipal councils, community service groups, community trust committees and for the general public.
- Development and availability of the *Annual Report* document in hard copy format and electronically via the health region's website.
- Availability and continued enhancement of the region's website (www.cypresshealth.ca) which provides internet access to a multitude of information regarding the health region and its communities.
- Payee disclosure lists are available for review.
- Development of *The Source*, a quarterly newsletter publication, which is delivered to every household in the region. The document is also available on the region's website (www.cypresshealth.ca/commnewletters.htm)
- Creation of *The Cypress Insider*, an informational newsletter targeting employees of the region. It is also available on the website (www.cypresshealth.ca/staffnewsletters.htm)
- The utilization of an advertisement on www.swiftcurrentonline.com, a high traffic website in southwest Saskatchewan.
- Advertising opportunities such as posters in facilities, table tent cards in cafeterias, staff surveys, etc.
- Quality Support Coordinator interaction with clients and/or their families to address issues of concern and serve as a liaison for the processing of bouquets.



Payee Disclosure Lists

The Cypress Health Region is required to disclose payments by payee for the 2008-09 fiscal year. The Government of Saskatchewan Treasury Board determines the threshold for payees requiring disclosure, and for the 2008-09 fiscal year the minimum threshold is $50,000. The *Payee Disclosure Lists* include payments made for: personal services, transfers, supplier payments, and other expenditures.

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2009

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

ACHTER	CANDLLE	73,712
ADAMSKA	TERESA	81,794
ADAMY	ALI	81,550
ADASHYNSKI	BETH	97,083
ADDAI	STEPHANIE	305,239
ALDAG	MARLENE	98,942
ALEKSEJEV	VICTOR	50,253
ALEXANDER	PATRICIA	78,461
ALLSEN	LARRY	96,734
ALTWASSER	DARCY	52,667
AMAN	RALPH	73,247
ANDERSON	ALISON	51,159
ANDERSON	IRENE	51,740
ANDERSON	MARY	70,316
ANDREAS	DAPHNE	151,801
ANDRES	MYRNA	59,492
ANTONIUK	DARUSIA	96,770
ARMSTRONG	NADINE	61,081
ARMSTRONG	SHANNON	78,170
ARNOLD	CORINNE	80,543
ARWINI	MOHAMED	445,442
ASHTEKAR	VIJAKYMAR	387,548
BAAN	SUZANNE	58,859
BANMAN	LEANNE	65,997
BARKER	BETTY	60,835
BARRETTO	IGNACIO	149,483
BEAUDRY	LINDSAY	62,095
BERG	DOROTHY	51,968
BERGQUIST	DAWN	50,252
BIDAUX	JOYCE	51,209
BISSONNETTE	DEBORAH	72,094
BITZ	DONNA	59,753
BLAKE	CANDACE	82,313
BOARDMAN	LESLIE	77,311
BOHNERT	JEFFERY	59,482
BOLLMAN	JULIE	66,984
BOLTON	ERIN	70,135
BOLZ	RHONDA	59,798
BOOTH	DWIGHT	92,612
BORUCH	SHEILA	52,482
BOWERS	MARGARET	80,490
BRAATEN	DAWN	53,815
BRABENDER	JBEATRICE	80,810
BRADLEY	RHONDA	51,248
BRAUN	KAREN	62,749

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

BREHM	KAREN	86,720
BRIDAL	LINDA	66,679
BRIGGS	LEAH	56,283
BROBERG	MARIE	50,323
BROKS	DIANE	96,615
BROWN	LANA	89,009
BROWN	LEANNE	52,776
BROWN	PATRICIA	83,735
BROWN	THEODORAH	106,604
BROWNE	GRANT	60,278
BURTON	SUSAN	69,163
BURTON	VALERIE	51,894
BYMOEN	CRAIG	50,932
CAISSIE	WENDY	60,775
CALOW	MICHELLE	71,387
CAMERON	KATHERINE	89,393
CAPPELLE	LYRIS	68,503
CARIGNAN	MELISSA	60,380
CASAMAYOR	SUSAN	70,421
CASCAGNETTE	MARGUERIT	78,566
CAVE	MILA	50,040
CEDERHOLM	SUSAN	87,228
CHAWANE-BEKWAY	NOMHLE	231,859
CHIKOPELA	ROSTINA	120,947
CHISHOLM	JOHN	74,309
CHOKANI	KHAMI	166,675
COCHRANE	IDA	53,430
COLE	HEATHER	53,046
CONNICK	NORMA	59,411
COREY	SHIRLEY	77,429
COTE	JULIEANNE	73,588
COULTER	TERRY	84,247
COULTER	VALERIE	82,320
CRAWSHAW	TIMOTHY	170,952
CREIGHTON	JOYCE	79,834
CRONAN	CARLA	71,490
CUNNINGHAM	GAIL	56,773
DAHL	KATHLEEN	53,547
DAS	JIBAN	180,158
DE JAGER	JACOBUS	134,936
DE KLERK	HEIN	127,601
DEKOWNY	PATTI	56,800
DEMPSEY	GERALD	61,833
DEMPSEY	SHEILA	81,206
DENESOVYCH	CONSTANCE	81,189

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2009

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

DEOBALD	MARLENE	67,903
DERMODY	MARIE	54,043
DESHAIES	MARIE	91,536
DIERKER	TAMSEN	84,630
DIRKZWAGER	FRANCES	53,299
DJAN	DEBORAH	344,441
DRUMMOND	CINDY	93,582
DRYDEN	VERONICA	64,935
DUECK	BRENDA	66,688
DUMONCEAUX	RENA	52,512
DUNCAN	TAMMY	84,773
DUNN	GREGORY	52,469
DUNNINGTON	ARLENE	80,334
DURANT	MARILYN	65,538
DYCK	CAROL	83,615
DYCK	DAWN	51,679
DYCK	LARRY	50,278
DYCK	LORIE	61,369
DYCK	RYAN	67,790
EAST	KAREN	68,138
EBNER	STEPHANIE	53,634
EDDY	CAROL	97,417
ELSASSER	RAYLENE	77,456
EMPEY	BONNIE	125,999
ERICKSON	MARY	64,507
EWEN	ANITA	105,592
FAKIR	SHAMSUDDIN	330,156
FANDRICK	BRENDA	51,915
FEHR	HELEN	128,665
FEHR	MARGARET	79,605
FEIL	ROXANNE	50,044
FESCHUK	MELANIE	76,773
FITZPATRICK	ELAINE	76,111
FLATERUD	FLORENCE	63,416
FLEURY	BRENDA	91,589
FLEURY	DEAN	60,408
FLYNN	PENNY	51,531
FORTMAN	SANDRA	65,806
FOSSUM	EILEEN	80,482
FRIESEN	MARGARET	82,877
FRIESEN	YVETTE	68,335
FRITZ	BONNIE	79,170
FROESE	BRITTANY	57,597
FROYMAN	DEBRA	56,815
FRY	JULIA	77,734

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

FUNK	TARA LEE	74,150
GAJADHAR	KAREN	52,423
GARDNER	TERRY	55,176
GARIES	ELAINE	53,217
GARIES	JOHN	69,066
GATES	GLENDA	75,442
GATZKE	JASON	161,594
GETZ	MARY	88,471
GILLANDERS BELL	TARA	85,389
GINTER	LAURA	57,767
GIZEN	JUNE	85,720
GLOVER	SHARRON	95,447
GLYDON	ORLA	82,056
GODDARD	SUSANNE	78,513
GOLD	KARLA	71,119
GOLDEN	BARBARA	70,475
GORDON	KATHY	52,434
GORDON	MARIANNE	69,731
GOUDY LODOEN	LAURA	93,892
GRAND	KAREN	67,711
GRANT	GREGORY	79,619
GRANT	JANELL	82,084
GREEN	STEPHANIE	90,691
GROVES	BRENDA	99,178
HAIDT	NICOLETTE	72,207
HALDERMAN	PEOTTA	62,134
HALL	GLORIA	75,758
HALVORSON	CINDY	65,243
HAMM	BONNY	93,257
HAMM	DONNA	50,034
HANSON	FERN	86,951
HANSON	MARIE	79,110
HARDIE	MAUREEN	64,999
HARDING	EDWARD	128,689
HARLE	ROBIN	63,046
HARLICK	SANDRA	81,884
HARRISON	YOLANDA	76,854
HART	SHELLY	68,354
HARTLEY	VALERIE	95,005
HAWKINS	KRISTIN	84,028
HEINRICHS	LORRAINE	106,191
HEISER	BEVERLEY	65,551
HENNIG	JENNIFER	79,836
HERTER	MELISSA	69,263
HILDEBRAND	CAROL	56,684

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2009

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

HILTS	ELAINE	60,569
HITTEL	CLARA	57,970
HODGSON	MARYANN	66,590
HOFFARTH	SHARON	84,207
HOLDERBEIN	SHARLENE	121,588
HOLDERBEIN	VALERIE	73,094
HOLIZKI	MAUREEN	56,949
HOLMES	PEGGI	92,238
HORNELL	JAMES	181,900
HORNUNG	LISA	66,990
HORNUNG	SHERRY	103,183
HOVDESTAD	RENEE	99,381
HOWELL	MARY ROSE	71,466
HUMPHREY	TRINA	50,289
HUNTER	JACQUELIN	55,217
HYATT HIEBERT	RACHEL	71,955
ILLERBRUN	GLORIA	94,308
ILLERBRUN	PATRICIA	60,393
JAHNKE	ELAINE	83,175
JAMES	TERRY LEE	65,948
JARRETT	JOY	51,006
JENSEN	WENDY	89,368
JOHNSTON	JOSEPHINE	56,542
JOHNSTON	STACEY	59,808
JONES	YVONNE	87,902
JOYCE	AMANDA	69,902
KALINOWSKI	DAWN	70,764
KANNENBERG	TYLER	61,715
KASSETT	SURESH	75,372
KEHLER	ROXANNE	77,646
KESSY	CONNIE	86,611
KHONJE	TADEYO	52,050
KIELLY	ANDREW	153,988
KILCHER	NORMA	87,682
KING	ROBERT	59,442
KIRK	MICHELLE	60,578
KLAASSEN	TODD	62,251
KLEIN	PATRICIA	50,097
KNOWLTON BRODZIAK	SHELLY	71,342
KNOX	CATHERINE	66,919
KOCHAN	BRENDA	69,940
KOELLMEL	HEATHER	82,595
KRAHN	ELAINE	65,545
KRAUSE	MARILYN	57,589
KRUSE	KIM	65,052

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

L HEUREUX	JOAN	81,590
LAIRD	MERCY	82,510
LARRIVEE	DARREN	60,531
LAYBOLT	HELEN	51,080
LEMAY	LYNDA	69,972
LENUIK	PHYLLIS	55,634
LEROUX	CARL	61,166
LEROUX	JACOBUS	230,751
LEVORSON	DENISE	65,052
LINDER	LOIS	62,876
LINDSAY	LINCOLN	50,968
LINES	ALEXIS	50,758
LINGENFELTER	SACHA	53,116
LIS	ROSE	136,090
LOWE	RICKY	84,623
LUBEGA	BONIFACE	333,464
LUCHENSKI	SHELLY	73,781
LUEBBE	MARILYN	82,162
LYON	MORAG	89,956
MACLEOD	JANE	84,821
MACWILLIAM	CORNELIA	100,470
MAFFENBEIER	RUTH	90,907
MAH	CHERI LYN	72,093
MAHAFFEY	SANDRA	67,148
MALLECK	NASEEM	434,684
MANNLE	WADE	100,734
MAREE	GERT	60,065
MARTENS	TANYA	63,560
MARTIN	BRYCE	96,952
MASON	TAMMY	76,493
MCCONNELL	ANDREA	54,170
MCCONNELL	MIKE	53,796
MCCUAIG	CAROLINE	98,230
MCCUAIG	CHESTER	69,667
MCGREGOR	LINDSAY	57,968
MCKINNON	MILTON	90,374
MEINERT	RANA	78,872
MEYER	ERLA	100,928
MEYER	HOLLY	106,151
MEYERS	LYNN	70,662
MIGNEAULT	REBECCA	50,821
MILANI	ALI REZA	271,233
MILLAR	MIKKI	102,851
MILLER	CATHERINE	94,289
MIRKA	CHRISTINE	135,978

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2009

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

MISSON	JANET	75,371
MOBERG	HEATHER	84,586
MOBERG	SHERRY	56,852
MOBERG	TERRI	85,577
MOEN	ALICE	65,227
MOHAGEN	YVONNE	98,000
MOIR	LINDA	52,176
MONK	CRYSTAL	59,952
MOOLA	DAWOOD	981,254
MORCK	EUNICE	64,314
MORGAN	SAMUEL	97,413
MOSER	LILY ANNE	53,332
MOSER	LORENE	53,563
MUDINGAY	KABUYA	251,727
MUDRY LAUTSCH	MARILYN	75,549
MULATZ	SHEILA	98,136
MUNROE	ROBIN	83,202
NAGEL	NANCY	50,996
NAPPER	SHANNON	57,547
NELSON	LISA	86,787
NEUSTAETER	WESLEY	62,803
NEVARD	M FERN	80,618
NICHOLSON	SUSAN	101,710
NORDIN	COLLEEN	67,514
NORDWICK	RITA	53,414
O'CARROLL	RUTH	144,112
OGLOFF	DARCIE	53,735
OLFERT	CARLEY	52,612
OLFERT	MICHELLE	54,947
OLFERT	VICTORIA	68,787
OLMSTED	PATRICIA	84,024
OLSGARD	LINDA	56,859
OLSON	ANGELA	58,438
OLSON	KRISTA	65,804
ORTMAN	JOAN	87,539
PAINTSIL	JAMES	363,595
PALMIER	DEANNA	64,748
PAUL	LEONA	60,563
PAUL	SANDRA	52,006
PAULSON	LORNA	96,079
PEDERSON	VERNA	58,217
PENNER	MARY JEAN	67,457
PERRIN	CYNTHIA	66,861
PERRIN	GRANT	79,714
PETERS	ELEANOR	91,547

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

PETERS	EUNICE	66,752
PETERS	JUNENE	51,239
PFEIL	JOANNE	68,587
PHILIP	CYNTHIA	75,365
PHILLIPS	GEORGINA	52,940
PILKEY	LAURIE	76,777
PLATT	DONNA MAR	64,841
PLEWIS	JENNIFER	69,351
PLEWIS	LORRIE	58,218
POMPU	THERESA	89,704
PRANG	JENNIE	51,842
PRITCHARD	LORI	103,389
PURVES	TAMMY	86,353
RACKOW	ELIZABETH	84,324
RADEVSKI	IVELIN	291,789
RAMSAY	MARVA	73,987
RAYMOND	SIGNE	91,288
REDEKOPP	LENA	58,787
REGIER	TRENTON	90,629
REID	LYNN	50,340
REIL	JO ANN	81,182
REINBOLT	BARBY	75,389
REMPEL	MARGARETE	82,191
REMPEL	MAUREEN	77,966
RENWICK	MARY	78,187
RESENDES	SUSAN	90,031
RICE	JOANNE	73,962
RICHARDS	MARIA	85,976
ROBINS	LINDA	51,686
ROCKABAR	CHRISTINE	55,181
ROUSE	DONNA	52,775
RUDD	KENNETH	79,322
RUETZ	CATHERINE	94,964
RUNCIE	ELLEN	90,179
SARGENT	MARILYN	98,280
SAUDER	KIMBERLY	56,779
SAVOY	EFFIE	125,380
SCHELLENBERG	VIVIAN	62,222
SCHERGER	KATHY	78,411
SCHNEIDER	SHELLEY	74,101
SCHWAN	BRENDA	136,345
SCHWAN	JEFFERY	68,575
SCOTT	CAROL	61,677
SEKERAK	DEBRA	61,266
SHAH	SYED MUNIR	398,728

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2009

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

SHAPAN	MUSTAFA	330,693
SHAW	BONNIE	77,063
SHERWANI	AAMIR	95,581
SHOTTER	MICHAEL	100,141
SIGURDSON	ESTHER	105,025
SINGH	LORETTA	72,519
SKELTON	MARG	91,098
SLETTEN	DEANNA	50,589
SMITH KLASSEN	ALISON	60,446
SMOUT	ALICE	81,638
SMUK	CONNIE	52,205
SMUK	GREGORY	75,918
SONEN	CYNTHIA	66,235
SONSTEBY	LOUISE	66,615
SOOMRO	NISAR	199,066
SOOS	ERIN	72,580
SPENCE	TWYLA	61,820
STEARNS	LINDA	50,585
STEENBERG	LOURENS	139,000
STEINLEY	MEGAN	91,246
STENSTROM	OSCAR	71,452
STEVENSON	DANIEL	101,914
STEVENSON	JILL	69,926
STEWART	RAELENE	66,926
STIMSON	MARIE	83,308
STOLSON	SUSAN	58,567
STOLSON	VALERIE	53,966
SUROWICH	MARK	55,268
SUTHERLAND	CHRISTINA	52,657
TARDIF	MARY	55,788
TAYLOR	BRENDA	82,784
THERRIEN	JANICE	84,682
THOMAS	LEANNE	94,153
THOMPSON	KELLY	63,786
TIMBRELL	SUSAN	69,727
TOURIGNY	KRISTA L	54,556
TRAUTWEIN	JOYCE	51,546
TREEN	JACQUALIN	74,505
TSHABALALA	AUGUSTINE	243,197
TURNER	BERT	85,656
TURNER	KELLI	66,489
UNGER	DEBORAH	95,792
VACHON	ELISABETH	130,310
VALLEE	SUSAN	87,343
VAN DER BERG	NICOLAAS	153,528

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

VANCE	NICOLE	77,068
VANDERSTEEN	ALINE	73,102
VANSTONE	JACQUELIN	99,156
VASQUEZ	VIRGILIO	72,454
WALKER	MYRNA	83,038
WALLISER	LINDA	102,590
WARD	EMILY	53,309
WARDER	BRENDA	82,387
WATTS	LEANNE	66,689
WEBER	KEN	75,738
WEBER	RHODA	56,114
WELLS	CAROL	148,977
WELLS	CASSANDRA	51,104
WELSH	LAURA	79,491
WENZEL	COLETTE	76,634
WENZEL	COLLEEN	56,452
WEPPLER	BRENDA	88,044
WHITE	ALYSSA	51,194
WHITE	LAURA	88,643
WIEBE	GLENDA	87,320
WIEBE	MARION	74,207
WIEBE	SHARI	57,779
WIG	LAURIE	61,300
WILLIAMS	SHANNON	67,779
WILMS	ILA	93,117
WILSON	LORELEI	51,662
WILSON	PATRICIA	65,986
WILSON	SHELLEY	75,570
WILSON	WENDY	93,944
WINSOR	WILLIAM	62,181
WOELK	FLORENCE	63,749
WOELK	VALERIE	89,787
WONG	AUDRA	55,543
WONG	RUTH M	122,030
WOODS	LAVONNE	84,523
WOODS	MARYANN	66,809
WOTHERSPOON	DONNA	75,100
WRIGHT	PATRICIA	70,904
YOUNG	KELLEY	77,812
YOUNG	SHERRY	82,470
ZACHARIAS	CAROLYNN	60,601
ZANIDEAN	ERIN	53,937

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2009

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

ABBOTT LABORATORIES LTD.	64,522.47
ALCON CANADA INC.	399,759.25
B&B CONSTRUCTION	74,340.00
BAXTER CORPORATION	85,204.37
BECKMAN COULTER	279,653.52
BIOMED RECOVERY & DISPOSAL LTD	77,618.85
BUNZL CANADA	158,528.42
CANADA BREAD	53,272.30
CAN-MED HEALTHCARE	60,364.30
CEG ENERGY OPTIONS INC	50,889.12
CENTURY ROOFING & SHEET METAL LTD	159,108.60
CHERRY INSURANCE INC.	129,746.00
CITY OF SWIFT CURRENT	309,926.90
COUNTRY CLUB DISTRIBUTORS	247,578.84
COVIDIEN SURGICAL	239,615.07
COVIDIEN RESPIRATORY	62,029.05
CPDN	534,234.33
DE LAGE LANDEN	63,645.19
DELL CANADA INC.	113,691.41
DOMINION CONSTRUCTION CO	195,591.90
DR NOBLE IRWIN FOUNDATION	51,464.92
ECOLAB LTD	87,248.31
ENTERPRISE RENT-A-CAR	58,213.10
FLYNN CANADA LTD.	57,498.00
FOYER ST JOSEPH NURSING HOME	78,366.04
G.E. CLINICAL SYSTEMS	191,825.09
G.E. MEDICAL SYSTEMS	1,053,165.39
GAMBRO LTD	67,158.72
GRAND & TOY LTD.	178,601.13
GREAT WEST LIFE - GL	410,072.78
HBI BRENNAN BUSINESS INTERIORS INC	146,857.00
HILL-ROM CANADA LTD.	91,757.65
HOSPIRA HEALTHCARE CORP	322,628.20
HSAS	71,845.29
INSIGHT CANADA	84,449.97
JOHNSON & JOHNSON CLINICAL	806,310.84
JOHNSON & JOHNSON MEDICAL	51,336.60
LONDON LIFE INSURANCE COMPANY	85,384.00
MAQUET-DYNAMED INC.	75,447.44
MASTERCARD	205,894.83
MCKESSON CANADA	221,344.70
MEDICAL ARTS ASSOCIATES	58,082.57
MEDTRONIC OF CANADA LTD.	63,702.40
MINISTER OF FINANCE	361,652.98
MOBILE PAVING LTD.	147,245.70

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

OLYMPUS CANADA INC.	61,375.23
PENNEY MURPHY & ASSOCIATES	79,800.00
PERIDOT MEDICAL INC.	425,478.41
PHILIPS MEDICAL SYSTEMS	136,947.41
PIONEER CO-OP	51,241.55
PUBLIC EMPLOYEE PENSION PLAN	210,858.11
QUALITY LIFE SERVICES INC.	336,669.72
RECEIVER GENERAL	17,916,177.52
REGINA QU'APPELLE HEALTH REGION	757,858.19
REGINA QU'APPELLE HEALTH REGION	168,978.55
SAHO	419,304.43
SAHO - DENTAL	714,536.82
SAHO - DIP	1,388,453.38
SAHO - ENHANCED HEALTH PLAN	1,619,606.99
SAPUTO	121,017.99
SASK ENERGY	889,765.13
SASK POWER	694,474.90
SASK PROPERTY & MANAGEMENT	510,846.88
SASKTEL CMR	478,675.56
SASKWORKS VENTURE FUND INC.	60,698.34
SCHAAN HEALTHCARE PRODUCTS	694,886.12
SEIU	587,755.13
SHEPP	6,624,755.73
SIEMENS HEALTHCARE DIAGNOSTICS L	52,991.04
SMITHS MEDICAL CANADA LTD.	51,635.16
SOMAGEN DIAGNOSTICS INC.	100,379.92
SOURCE MEDICAL	371,255.73
SRNA	130,683.00
STERIS CANADA LTD.	219,797.12
STEVENS COMPANY LTD.	129,020.40
STRYKER CANADA INC.	547,721.86
SUN	280,914.00
SUPERIOR VACUUM & JANITORIAL SUPPLIES	69,972.04
SWIFT CURRENT & DISTRICT AMBULANCE	60,145.25
SWIFT PLUMBING & HEATING	80,219.56
SYSCO FOOD SERVICES-WEST INC	1,363,040.99
TREEN PACKERS LTD	57,898.86
VITALAIRE // GASES	55,615.03
W W SMITH TRAVEL	303,458.00
WHARTON, TERRY	235,343.40

CYPRESS REGIONAL HEALTH AUTHORITY
PAYEE DISCLOSURE LIST
FOR THE YEAR ENDED MARCH 31, 2009

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

Canadian Mental Health Association	129,121
Foyer St. Joseph Nursing Home	1,608,247
Frontier Ambulance	146,094
Gull Lake Ambulance	140,760

Transfers

Listed, by program, are transfers to recipients who received $50,000 or more.

McKerracher Support Services Inc	121,038
Ponteix Ambulance	212,016
Swift Current Ambulance	880,295
Val Marie Ambulance	113,820

Management Report

Date: June 2009

CYPRESS HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Cypress Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Ministry of Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Authority. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Jim Hornell
Chief Executive Officer

Ed Harding
Executive Director Finance

CYPRESS HEALTH REGION

Financial Statements For the Year Ending March 31, 2009

STARK & MARSH
CHARTERED ACCOUNTANTS

P.C. Rude CA CFP* G.D. Ritenger FCA CFP*
G.F. Kruskoske CA CFP* R.D. Siemens CA*
M.D. Loeppky CA* G.D. Smale FCA CFP*
L.K. Neufeld CA CFP* R.W. Wilke CA CFP CVA*
V.H. Peters CA* W.F. Wiebe CA MPAcc*
K.A. Hagen CA CFP* C.M. Toth CGA Associate

* denotes professional corporation

AUDITOR'S REPORT

To the Board of Directors, Cypress Regional Health Authority

We have audited the statement of financial position of the Cypress Regional Health Authority as at March 31, 2009 and the statements of operations and changes in fund balances and cash flow for the year then ended. The Health Authority Board and management are responsible for preparing these financial statements. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion these financial statements present fairly, in all material respects, the financial position of the Health Authority as at March 31, 2009 and the results of its operations and the changes in its fund balances and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Stark & Marsh

Chartered Accountants

Swift Current, Saskatchewan
May 11, 2009

365 Central Avenue N., P.O. Box 128, Swift Current, Saskatchewan S9H 3V8
Telephone: (306) 773-7285, Facsimile: (306) 773-6832, Email: scal@marsh@starkmarsh.com

CYPRESS REGIONAL HEALTH AUTHORITY

Statement of Financial Position
as at March 31, 2009

Statement 1

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2009	Total 2008
ASSETS					
Current Assets					
Cash and short-term investments (Schedule 2)	$11,325,058	$27,160,865	$1,386,744	$ 39,872,666	$12,537,706
Accounts receivable					
Sask Health General Revenue Fund	269,485	-	-	269,485	272,185
Other	715,682	146,794	38,264	900,740	2,066,186
Inventory	805,487	-	-	805,487	878,481
Prepaid expenses	409,270	-	-	409,270	785,304
	13,524,981	27,307,659	1,425,008	42,257,648	16,539,861
Long Term Investments (Note 2,Schedule 2)	255,770	-	-	255,770	253,300
Capital Assets (Note 3)	-	71,142,280	-	71,142,280	70,414,600
TOTAL ASSETS	$13,780,751	$98,449,939	$1,425,008	$113,655,697	$87,207,761
LIABILITIES AND FUND BALANCES					
Current liabilities					
Accounts payable	$ 3,516,818	$ -	$ -	$ 3,516,818	$ 4,234,177
Accrued salaries	2,256,022	-	-	2,256,022	1,941,310
Accrued vacation	6,120,383	-	-	6,120,383	5,485,543
Deferred revenue (Note 6)	1,794,564	-	-	1,794,564	909,459
Current portion of long term lease (Note 4)	-	70,949	-	70,949	70,949
Current portion of long term debt (Note 5)	-	144,353	-	144,353	136,716
Accrued mortgage interest	-	12,429	-	12,429	13,037
	13,687,787	227,731	-	13,915,518	12,791,190
Long term liabilities					
Long Term Leases Payable (Note 4)	-	124,325	-	124,325	195,143
Mortgages payable (Note 5)	-	2,374,566	-	2,374,566	2,519,392
TOTAL LIABILITIES	13,687,787	2,726,622	-	16,414,409	15,505,725
Fund Balances					
Investment in capital assets	-	68,415,658	-	68,415,658	67,479,363
Externally restricted (Schedule 3)	131,678	945,189	1,425,008	2,501,875	1,704,488
Internally restricted (Schedule 4)	-	26,114,668	-	26,114,668	2,671,691
Unrestricted (deficit)/surplus	(38,715)	247,802	-	209,087	(153,507)
TOTAL FUND BALANCES (Statement 2)	92,964	95,723,317	1,425,008	97,241,288	71,702,035
TOTAL LIABILITIES & FUND BALANCES	$13,780,751	$98,449,939	$1,425,008	$113,655,697	$87,207,761

Commitments (Note 4)
Mortgages (Notes 5)
Pension Plan (Note 11)

Approved on behalf of the board of directors

The accompanying notes and schedules are part of these financial statements

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES

for the year ended March 31, 2009

Statement 2

	Operating Fund			Restricted Funds			
	Budget 2009	Actual 2009	Actual 2008	Capital Fund 2009	Community Trust fund 2009	Total 2009	Total 2008
REVENUES	(Note 12)		(Note 10)				(Note 10)
Sask Health - General	$ 88,989,351	$ 92,900,696	$ 86,412,756	$ 26,265,848	$ -	$ 26,265,848	$ 3,994,967
Other Provincial	163,713	241,509	165,277	-	-	-	-
Federal Government	37,200	79,182	37,120	-	-	-	-
Special Funded Programs	75,712	79,901	73,528	-	-	-	-
Patient Fees	7,679,015	8,005,471	7,814,736	-	-	-	-
Out of Province (Reciprocal)	493,590	917,575	677,947	-	-	-	-
Out of Country	26,050	58,901	79,687	-	-	-	-
Donations	68,000	49,856	16,902	861,141	-	861,141	86,065
Investment	350,000	273,637	383,991	67,011	49,077	116,088	133,122
Recoveries (Note 9 b) iii))	686,011	910,497	946,493	870,190	-	870,190	1,854,789
Other	244,225	274,322	191,522	155,459	-	155,459	118,200
TOTAL REVENUES	98,812,867	103,791,546	96,799,958	28,219,649	49,077	28,268,726	6,187,142
EXPENSES							
Province Wide Acute Care Services	822,716	945,439	884,859	20,877	-	20,877	20,481
Acute Care Services	28,983,544	31,271,607	29,609,265	1,828,512	-	1,828,512	1,885,356
Physician Compensation - Acute	8,708,578	8,755,438	7,374,895	-	-	-	-
Supportive Services	32,491,287	33,903,144	32,730,481	1,070,711	3,549	1,074,260	958,589
Home Based Services - Supportive Care	5,497,125	5,520,774	5,201,232	139,491	-	139,491	137,680
Population Health Services	2,186,226	2,194,802	2,007,106	55,476	-	55,476	50,631
Community Health Services	5,569,159	4,853,672	4,212,131	141,319	-	141,319	111,393
Home Based Services - Acute & Palliative	639,562	648,000	609,270	16,229	-	16,229	16,373
Primary Health Care Services	3,663,836	4,176,112	3,453,230	92,971	-	92,971	89,252
Emergency Response Services	3,250,110	3,509,731	3,245,543	82,472	-	82,472	138,280
Mental Health Services - Inpatient/Residential	1,209,616	1,312,874	1,253,939	30,694	-	30,694	29,574
Physician Compensation - Community Services	994,592	947,539	923,795	-	-	-	-
Program Support Services	4,716,246	4,904,465	4,389,531	15,221	-	15,221	-
Special Funded Programs	80,271	79,902	156,173	-	-	-	-
Ancillary	-	-	112,500	-	-	-	-
Loss on Disposal (Note 3)	-	-	-	-	-	-	1,310,443
TOTAL EXPENSES (Schedule 1)	98,812,867	103,023,498	96,163,951	3,493,973	3,549	3,497,522	4,748,051
Excess of revenue over expenses	$ -	768,049	636,008	24,725,676	45,529	24,771,205	1,439,091
Fund balances, beginning of year		(677,066)	(677,068)	70,903,089	1,476,013	72,379,102	70,304,003
Interfund transfers (Note 14)		1,981	(636,008)	94,553	(96,534)	(1,981)	636,009
Fund balances, end of year		$ 92,964	$ (677,066)	$ 95,723,317	$ 1,425,008	$ 97,148,325	$ 72,379,102

The accompanying notes and schedules are part of these financial statements

CYPRESS REGIONAL HEALTH AUTHORITY

STATEMENT OF CASH FLOW

for the year ended March 31, 2009

Statement 3

	Operating Fund		Restricted Fund			
	2009	2008	Capital Fund	Community Trust Fund	Total 2009	Total 2008
Cash provided by (used in):	**Operating Activities**		**Financing and investing activities**			
Excess of revenue over expenditure	$ 768,049	$ 636,008	$ 24,725,676	$ 45,529	$ 24,771,205	$ 1,439,091
Net change in non-cash working capital (Note 7)	1,812,651	366,757	915,190	6,632	921,822	(2,591,047)
Amortization of capital assets	-	-	3,221,461	-	3,221,461	3,265,812
Loss on disposal of capital assets (Note 3)	-	-	-	-	-	1,310,443
Change short term investment to long term investment	(2,470)	(201,658)	-	-	-	-
	2,578,230	801,108	28,862,326	52,161	28,914,487	3,424,299
Purchase of capital assets						
Buildings/construction	-	-	(1,017,583)	-	(1,017,583)	(2,469,589)
Equipment	-	-	(2,931,558)	-	(2,931,558)	(2,647,724)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	24,992
	-	-	(3,949,141)	-	(3,949,141)	(5,092,321)
Repayment of debt	-	-	(208,615)	-	(208,615)	(200,553)
Net increase (decrease) in cash & short term investments during the year	2,578,230	801,108	24,704,570	52,161	24,756,731	(1,868,575)
Cash & short term investments, beginning of year	8,744,847	8,579,747	2,361,742	1,431,117	3,792,859	5,025,426
Interfund transfers (Note 14)	1,981	(636,008)	94,553	(96,534)	(1,981)	636,008
Cash and investments, end of year (Schedule 2)	$ 11,325,058	$ 8,744,847	$ 27,160,865	$ 1,386,744	$ 28,547,609	$ 3,792,859
Amounts in cash balances						
Cash and short-term investments	$ 11,325,058	$ 8,744,847	$ 27,160,865	$ 1,386,744	$ 28,547,609	$ 3,792,859

The accompanying notes and schedules are part of these financial statements

1. Legislative Authority

The Cypress Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Cypress Health Region, under section 27 of The Act. The RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies.

a) **Health Care Organizations**

i) The RHA has agreements with and grants funding to the following community based organizations (CBOs) and third parties to provide health services:

McKerracher Support Services Inc.
Canadian Mental Health Association
Ponteix Ambulance
Swift Current Ambulance
Gull Lake Ambulance
Frontier Ambulance
Val Marie Ambulance

Note 9 b) i) provides disclosure of payments to CBOs and third parties.

ii) The following affiliate, a registered charity under the *Income Tax Act*, is incorporated as follows:

Foyer St. Joseph's Nursing Home Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

The affiliate is not consolidated into the RHA financial statements. Alternatively, Note 9 b) ii) provides supplementary information on the financial position, results of operations, and cash flows of the affiliate.

iii) The Dr. Noble Irwin Regional Healthcare Foundation Inc. (the Foundation) is incorporated under *The Non-Profit Corporations Act* and is a registered charity under *The Income Tax Act*.

Under the Foundation's Articles of Incorporation, the activities of the Foundation are restricted to providing funding for the betterment of healthcare for the people of Southwest Saskatchewan.

These financial statements do not consolidate the financial activities of the Foundation. Alternatively, Note 9 b) iii) provides supplementary information of the Foundation.

b) **Fund Accounting**

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for contributions. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received or receivable for provision of health services from Ministry of Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund
The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received or receivable from Ministry of Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund
The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue
Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets
Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a declining balance basis over their estimated useful lives as follows:

Buildings	3%
Land improvements	10 %
Equipment	10 %
Information systems	10 %
Vehicles	20 %

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined.)

e) Inventory
Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

f) Pension
Employees of the RHA participate in several multi-employer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

g) Measurement Uncertainty
These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

h) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans, and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length-transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instrument are as follows:

- Cash is classified as held-for-trading
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Short term bank indebtedness is classified as held-for-trading
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities
- Long-term debt is classified as other liabilities. The related debt premium or discounted and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2009 (2008 –none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk, affected by changes in foreign exchange rates; Interest rate risk, affected by changes in market interest rates; and Market risk, affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument or the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with the financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

i) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. Capital Assets

	March 31, 2009			March 31, 2008
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 1,422,224	$ -	$ 1,422,224	$ 1,422,224
Land Improvements	862,691	633,364	229,327	113,382
Buildings	74,692,394	18,574,527	56,117,866	56,977,394
Equipment	35,146,552	22,235,131	12,911,421	11,415,617
Information systems	719,938	401,096	318,842	307,734
Vehicles	1,053,538	910,939	142,599	178,249
	$ 113,897,337	$ 42,755,058	$ 71,142,280	$ 70,414,600

In the fiscal year 2007-08, the RHA recognized a loss on disposal of $1,310,443 for the demolition of the old Cypress Regional Hospital and the former Southwest Health District head office.

4. Commitments

a) Capital Assets Acquisitions

At March 31, 2009, commitments for acquisition of capital assets were $255,213 (2008 - $1,001,350). The Ministry of Health has provided the RHA with funding in the amount of $18,550,000 to be used to construct an integrated facility in Maple Creek.

b) Operating Leases

The minimum annual payments under operating leases on property over the next five years on which the Ponteix Health Centre is located is one dollar for each year. The land is rented from Les Soeurs de Notre Dame d'Auvergne. The lease term is for twenty years effective March 1, 1997 with an option for the Board to renew the lease for a further twenty years on an annual basis. The Board is required to maintain appropriate general liability insurance for the premises.

c) Capital Leases

	2009			2008
	Cost	Accumulated Ammortization	Net Carrying Amount	Net Carrying Amount
Equipment under capital lease	$ 354,745	$ 74,584	$ 280,161	$ 311,290

The equipment is amortized on a declining balance beginning in the year of acquisition.

Minimum annual payments under capital lease on equipment over the full lease term are as follows:

Intrest rate	5.24%
Expiry date	31-Dec-11
2010	$ 82,001
2011	82,001
2012	61,501
Total minimum lease payments	**225,503**
Amount representing interest	30,229
Balance of the obligation	**195,274**
Less current portion	70,949
Long term portion	**$ 124,325**

d) Contracted Health Service Operators

The RHA contracts on an ongoing basis with private health service operators to provide health services in the RHA. The RHA has contracted for services in the year ending March 31, 2010 similar to those provided by these operators in the current fiscal year.

5. Mortgage Payable

Title of Issue	Interest Rate	Annual Repayment Terms	Balance Oustanding 2009	2008
Cypress Lodge Nursing Home CMHC, due February 1, 2023	7.50%	$31,638 principal and interest	$ 274,627	$ 285,542
Gull Lake & District Special Care Home CMHC, due August 1, 2026	8.00%	$44,751 principal and interest	423,592	434,535
Herbert Nursing Home CMHC, due February 1, 2020	4.52%	$55,947 principal and interest $15,952 is subsidized by SHC yielding and effective interest rate of 2%	482,196	515,775
Prairie View Health Centre CMHC, due June 1, 2022	4.17%	$26,370 principal and interest $9,333 is subsidized by SHC yielding and effective interest rate of 1%	268,649	283,598
Swift Current Care Centre CUCORP, due October 1, 2019 Renewal date - October 1, 2014	5.15%	$104,592 principal and interest	838,960	898,754
Western Senior Citizen Home CMHC, due February 1, 2025	8.00%	$25,484 principal and interest	230,894	237,904
			2,518,919	2,656,108
Less : Current Portion			144,353	129,417
			$ 2,374,566	$ 2,526,691

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMHC). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Principal repayments required in each of the next five years is estimated as follows:

2010	$ 144,353
2011	153,345
2012	161,931
2013	171,024
2014	180,656
2015 and subsequent	$ 1,707,610

6. Deferred Revenue

Program	Balance Beginning Of Year	Less Amount Recognized	Add Amount Received	Balance End Of Year
SASK HEALTH INITIATIVES				
Team Facilitator	$ 105,595	$ 107,587	$ 78,600	$ 76,608
Primary Care Team Development	16,114	16,114	-	-
Primary Care Admin	20,996	177,183	192,500	36,313
RNNP Leader Project	105,445	210,560	178,900	73,785
Primary Care Team - Eastend	25,000	128,100	103,100	-
Primary Care Team - Maple Creek	2,730	190,830	188,100	-
Primary Care Team - Pharmacy	60,000	14,776	-	45,224
Primary Care - Leader Physicians	-	664,860	805,923	141,063
Chronic Disease Management	28,944	28,944	-	-
Professional Development	80,727	30,562	32,123	82,288
Quality Workplace	20,000	-	46,512	66,512
Cultural Awareness Training	24,890	9,494	12,210	27,606
Nursing Safety Training Initiative	70,535	15,676	-	54,859
Staff Education Database	11,782	16,282	4,500	-
Mentorship Program	15,225	15,225	-	-
Nursing Model Expansion	75,000	24,586	-	50,414
Advanced Cardiac Life Training	-	485	52,441	51,956
Nursing Professional Development	-	-	38,523	38,523
Mentorship Program	-	168,375	192,175	23,800
Quarterly Nursing Vacancy	-	-	20,000	20,000
Smoking Transition	7,070	-	-	7,070
Enhanced Public Health	11,857	-	-	11,857
Project Hope	12,702	77,722	70,000	4,980
Youth Detox Program	73,927	37,287	101,110	137,750
A&D Initiative	-	-	98,500	98,500
Parent Mentoring	16,000	-	-	16,000
Outreach and Respite Services	9,878	9,878	-	-
Train the Trainer	17,308	11,340	-	5,969
Sasksmart	4,750	3,068	-	1,682
HPV Administration	-	-	19,584	19,584
MMR Immunization	-	-	11,040	11,040
Safety Training	-	-	73,260	73,260
Integrated Case Management Training	-	-	12,000	12,000
Midwifery	-	5,404	157,900	152,496
Autism Framework	-	-	150,000	150,000
Food & Literacy	-	37,843	45,000	7,157
HIPA Implementation	3,333	205	-	3,128
Emergency Department Coverage	59,230	59,230	-	-
				-
Total Sask Health	**$ 879,038**	**$ 2,061,615**	**$ 2,684,000**	**$ 1,501,423**

6. Deferred Revenue – Continued

Program	Balance Beginning Of Year	Less Amount Recognized	Add Amount Received	Balance End Year
Non Sask Health Initiatives				
ABI Program Funding	$ 13,943	$ 3,432	$ -	$ 10,511
Mental Health Conference	11,640	-	-	11,640
Whose Job is it Anyway	4,838	887	-	3,951
U. of S. Pharmacy Initiative	-	-	4,000	4,000
1st Step	-	820	6,410	5,590
SUN Partnership	-	-	224,928	224,928
Health Canada - Smoking Cessation	-	94,731	127,252	32,521
Total Non Sask Health	**$ 30,421**	**$ 99,870**	**$ 362,590**	**$ 293,142**
Total Deferred Revenue	**$ 909,459**	**$ 2,161,485**	**$ 3,046,590**	**$ 1,794,564**

7. Net Changes in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2009	2008	Capital Fund	Community Trust Fund	Total 2009	Total 2008
(Increase) Decrease in accounts receivable	$ 246,325	$ 677,503	$ 915,190	$ 6,632	$ 921,822	$ (629,095)
Decrease in inventory	72,994	18,989	-	-	-	-
(Increase) Decrease in prepaid expenses	376,034	(307,122)	-	-	-	-
Decrease in other current assets	-	70,000	-	-	-	4,466
(Decrease) in accounts payable	(717,359)	(383,608)	-	-	-	(1,966,418)
Increase in accrued salaries	314,712	435,647	-	-	-	-
Increase in vacation payable	634,840	191,902	-	-	-	-
Increase (Decrease) in deferred revenue	885,105	(336,554)	-	-	-	-
	$ 1,812,651	$ 366,757	$ 915,190	$ 6,632	$ 921,822	$ (2,591,047)

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2009, was $36,844 (2008- $37,813).

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Minister of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

	2009	2008
Revenues		
Health Quality Council	$ -	$ 66,681
Saskatchewan Government Insurance	142,265	118,344
Sask Worker's Comp Board	221,801	133,273
Related Party Revenues	$ 364,066	$ 318,297
Expenditures		
Minister of Finance	$ 99,057	$ 62,716
Minister of Health	27,402	13,831
Ministry of Government Services	695,882	738,842
Public Employees Pension Plan	187,875	167,100
Regina Qu'appelle Health Region	923,513	864,954
Saskatchewan Association of Health Organizations	2,897,417	2,690,493
Sask Health Employees Pension Plan	3,140,514	2,869,445
Sask Worker's Comp Board	978,645	900,682
Saskatchewan Energy Corp	789,531	661,209
SaskPower Corp	641,090	638,196
SaskTel	437,890	450,643
Sask Government Insurance	13,495	12,727
Related Party Expenditures	$ 10,832,311	$ 10,070,838
Accounts Payable		
Minister of Health	$ 6,440	$ 21,145
Ministry Of Government Services	48,322	29,011
Public Employees Pension Plan	7,705	7,261
Regina Qu'appelle Health Region	87,122	2,297
Saskatchewan Association of Health Organizations	364,823	443,373
Sask Health Employees Pension Plan	260,322	362,354
Sask Health Information Network	59,045	-
Sask Worker's Comp Board	85,378	118,705
Saskatchewan Energy Corp	133,485	100,234
SaskPower Corp	56,439	53,269
SaskTel	38977	40,785
Related Party Payable	$ 1,148,058	$ 1,178,434

b) Health Care Organizations

i) Community Based Organizations (CBOs) and Third Parties

The RHA has also entered into agreements with CBOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to CBOs and Third Parties:

	2009	2008
McKerracher Support Services Inc	$ 121,038	$ 112,495
Canadian Mental Health Association	129,121	116,271
Gull Lake Ambulance	140,760	128,163
Ponteix Ambulance	212,016	196,643
Val Marie Ambulance	113,820	108,985
Frontier Ambulance	146,094	137,041
Swift Current Ambulance	880,295	786,823
	$ 1,743,145	$ 1,586,420

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by a privately owned affiliate. The Act requires the affiliate to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over the affiliate by virtue of its material inter-entity transactions. The following presentation discloses the amount of funds granted to the affiliate:

	2009	2008
Foyer St. Joseph Nursing Home		
- Operating	$ 1,512,987	$ 1,390,720
- Capital	95,260	-
	$ 1,608,247	$ 1,390,720

Ministry of Health requires additional reporting in the following financial summaries of the affiliate entities for the years ended March 31, 2009 and 2008.

	Total 2009	Total 2008
Balance Sheet		
Assets	$ 645,106	$ 573,637
Net Capital Assets	521,818	350,376
Total Assets	$ 1,166,924	$ 924,013
Total Liabilities	$ 143,589	$ 135,683
Total Net Assets (Fund Balances)	1,023,335	788,330
Total Liabilities & Fund Balances	$ 1,166,924	$ 924,013
Results of Operations		
RHA Grant	$ 1,512,987	$ 1,390,720
Other Revenues	456,325	433,991
Total Revenue	1,969,312	1,824,711
Salaries & Benefits	1,623,490	1,617,596
Other Expenses	201,658	211,312
Total Expenses	$ 1,825,148	$ 1,828,908
Excess Revenue over Expenses	$ 144,164	$ (4,197)
Cash Flows		
Cash from Operations	$ 193,541	$ 68,197
Cash used in Financing Activities	(39,365)	(40,111)
Cash provided by (used in) Investing Activities	(84,660)	(72,745)
Increase/(Decrease) in Cash	$ 69,516	$ (44,659)

iii) Fund Raising Foundations

Fund raising efforts are undertaken through a non-profit business corporation known as the Dr. Noble Irwin Regional Healthcare Foundation (the Foundation). The RHA has an economic interest in the Foundation. The Foundation's total expenses of $894,263 (2008 - $1,854,789) include capital contributions of $870,190 and operating contributions of $24,073 to the RHA.

10. Comparative Information

Certain 2007-08 balances have been reclassified to conform to the current year's presentation.

11. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP)- This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

2. Public Service Superannuation Plan (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

	2009				2008
	SHEPP	PSSP	PEPP	Total	Total
Number of active members	1,370	-	23	1,393	1,383
Member contribution rate, percentage of salary	5.85 - 7.35%	-	5.00 - 7.00%		
RHA contribution rate, percentage of salary	6.55 - 8.23%		5.00 - 7.00%		
Member contributions	3,030,904	-	101,319	3,132,223	2,942,466
RHA contributions	3,393,350	-	102,278	3,495,628	3,286,377

*Contribution rate varies based on employee group

1. Active memebers include all employees of the RHA, including those on leaves of absense as of March 31, 2009. Inactive members are transferred to SHEPP and not included in these results.

The RHA's financial obligation to the plans is limited to making required contributions to these plans according to their applicable agreements. Pension expense for the year amounted to $3,495,628 (2008 - $3,286,377) and is included in benefits in Schedule 1.

12. Budget

The RHA Board approved the 2008-09 budget plan on May 15, 2008.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Ministry of Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - accounts receivable
  - accounts payable
  - accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market values.
- The fair value of mortgages payable before the repayment required within one year is $2,590,766 (2008 - $2,738,519) and is determined using the discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

d) Short-term Borrowing/Operating Line-of-credit

The RHA has a line-of-credit limit of $1,000,000 (2008 - $1,000,000) with an interest charged at prime less 1/2%, which is re-negotiated annually. The line-of-credit is secured by region assets. Total interest paid on the line-of-credit in 2009 was $ nil (2008 - $ nil).

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2009			2008		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$ -	$ -	$ -	$ -	$ -
Capital asset purchases	-	94,553	(94,553)	-	3,602	(3,602)
Other	1,981	-	(1,981)	(636,008)	636,008	-
	$ 1,981	$ 94,553	$ (96,534)	$ (636,008)	$ 639,610	$ (3,602)

15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community-generated assets in trust. The Board established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the Board. The assets are interest bearing with the interest credited to the trust balance. The Board presently administers $1,425,008 (2008 - $1,476,013) under these agreements. The assets are not property of the RHA and are therefore not included as part of the assets of the Board.

Following is the status of the trust funds at March 31, 2009:

Each trust fund has a "Trust Advisory Committee" which is appointed by the various towns, villages, hamlets, and rural municipalities served by the pre-amalgamation agency. The trust funds are for the benefit of the ratepayers of the various municipalities and shall be used for health related purposes. The pre-amalgamation agreements outline how the funds are to be used and administered.

17. Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal process. As a result, employees and employers filed appeals and recommendations on these appeals were completed. Major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). There still remains a number of individual issues that consist of recommendations that were not agreed to. Outcomes of the Tribunal resulted in further issues where additional classifications were created and duties of existing classifications were revised. A process to deal with the issues is being developed by a third party. Dealing with some of these issues is expected to extend until 2011. The results of outstanding issues are currently unknown. The costs of these cannot be reasonably determined at this time.

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Expenses

Schedule 1

for the year ended March 31, 2009

	Budget 2009	Actual 2009	Actual 2008
Operating:			
Board costs	$ 103,000	$ 82,700	$ 64,650
Compensation - Benefits	10,464,008	10,708,003	10,347,106
Compensation - Salaries	58,437,837	61,818,651	58,180,625
Diagnostic imaging supplies	182,350	182,001	154,188
Drugs	1,063,668	1,110,285	1,105,832
Food	1,801,622	1,901,279	1,718,507
Grants to ambulance services	1,428,496	1,492,985	1,357,655
Grants to third parties	2,517,378	2,582,272	2,446,382
Housekeeping and laundry supplies	712,662	780,197	742,161
Information technology contracts	312,549	316,890	281,058
Insurance	303,554	303,890	254,812
Interest	10,000	16,299	10,521
Laboratory supplies	909,299	1,090,006	926,172
Medical and surgical supplies	2,115,232	2,050,587	2,156,076
Medical remuneration and benefits	9,485,665	9,392,628	8,048,068
Office supplies and other office costs	1,041,895	975,256	985,942
Other	1,002,085	1,093,288	862,180
Other referred out services	376,135	270,704	101,359
Professional fees	572,389	575,077	564,559
Prosthetics	285,000	327,588	306,145
Purchased services	114,880	140,253	223,285
Rent/lease costs	501,776	622,545	575,223
Repairs and maintenance	979,922	1,334,531	1,081,239
Service contracts	780,042	742,115	607,429
Travel	1,019,773	1,091,979	1,057,390
Utilities	2,291,650	2,021,489	2,005,387
	$ 98,812,867	$ 103,023,498	$ 96,163,951
Restricted :			
Amortization		$ 3,221,461	$ 3,265,813
Loss on disposal of capital assets		-	1,310,443
Mortgage interest expense		162,030	169,614
Other		114,030	2,182
		$ 3,497,521	$ 4,748,051

CYPRESS REGIONAL HEALTH AUTHORITY

SCHEDULE OF CONSOLIDATED INVESTMENTS

As at March 31, 2009

Schedule 2

	Fair Value	Maturity	Effective Rate
Restricted Investments			
Cash and Short Term			
Chequing and Savings :			
Concentra	$ 27,160,865		
Royal Bank (Shaunavon)	201,686		
Sandhills Credit Union (Leader)	121,748		
Cypress Credit Union (Maple Creek)	57,541		
Credit Union (Eastend)	10,580		
Royal Bank (Climax)	25,265		
CIBC (Mankota)	28,767		
	$ 27,606,451		
Short Term Investments:			
Eastend Credit Union	$ 150,000	12/12/2009	1.90%
CIBC (Mankota)	40,764	06/06/2009	2.75%
Cypress Credit Union (Maple Creek)	382,249	09/04/2009	4.27%
Cypress Credit Union (Maple Creek)	360,000	07/02/2010	3.70%
Various Membership Equities	8,145		
	$ 941,158		
Total Cash & Short Term Investments	$ 28,547,609		
Total Restricted Investments	**$ 28,547,609**		
Unrestricted Investments			
Cash and short term			
Chequing and savings			
Concentra	$ 9,473,384		
Petty Cash	7,660		
Petty Cash (Trust)	1,250		
RBC Dominion Securities	16,701		
BMO Nesbitt Burns	1		
	$ 9,498,996		
Short Term Investments			
New Brunswick Provincial Bond	$ 1,581,981	06/02/2009	4.65%
Advisors trust GIC	95,000	07/12/2009	2.90%
Equitable trust GIC	54,081	07/12/2009	2.66%
Home trust GIC	95,000	07/12/2009	2.75%
	$ 1,826,062		
Total Cash & Short Term Investments	$ 11,325,058		
Long Term			
Canada Savings Bond	$ 45,555	01/11/2016	3.25%
Canada Savings Bond	201,644	01/11/2017	3.25%
Various Membership Equities	8,571		
Total Long Term Investments	$ 255,770		
Total Unrestricted Investments	**$ 11,580,827**		
Total Investments	**$ 40,128,436**		
Restricted & Unrestricted Totals			
Total Cash & Short Term	$ 39,872,666		
Total Long Term	255,770		
Total Investments	**$ 40,128,436**		

Restricted Investments consist:

- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services)(SHC) are held in the Capital Fund (Schedule 4)
- Donations and internally restricted reserves

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Externally Restricted Funds

for the year ended March 31, 2009

Schedule 3

OPERATING FUND

	Balance, beginning of year	Investment Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Donations and Palliative Care	$ 123,545	$ -	$ 49,856	$ (41,722)	$ -	$ 131,678
Total Operating fund	**$ 123,545**	**$ -**	**$ 49,856**	**$ (41,722)**	**$ -**	**$ 131,678**

CAPITAL FUND

	Balance, beginning of year	Investment Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Donations	$ 104,931	$ -	$ 861,141	$ (20,882)	$ -	$ 945,189
Total Capital Fund	**$ 104,931**	**$ -**	**$ 861,141**	**$ (20,882)**	**$ -**	**$ 945,189**

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance, beginning of year	Investment & Other Income	Additions & Donations	Expenses	Withdrawals	Balance, end of of year
Maple Creek - Hospital	$ 623,417	$ 7,684	$ -	$ -	$ -	$ 631,101
Maple Creek - Cypress Lodge	153,399	23,410	-	-	-	176,809
Shaunavon Hospital & Care Centre	284,508	6,585	-	(89,407)	-	201,686
Eastend Wolf Willow Health Centre	156,337	6,268	-	(2,000)	-	160,605
Prairie View Health Centre (Mankota)	62,580	3,849	6,632	(3,530)	-	69,531
Leader Hospital	100,961	500	-	-	-	101,461
Border Health Centre	29,681	730	-	(5,146)	-	25,265
Western Senior Citizens Home	20,234	53	-	-	-	20,287
Mankota Trust Loan	44,896	-	-	-	(6,632)	38,264
Total Community Trust Fund	**$ 1,476,013**	**$ 49,077**	**$ 6,632**	**$ (100,082)**	**$ (6,632)**	**$ 1,425,008**
Total Externally Restricted Funds	**$ 1,704,489**	**$ 49,077**	**$ 917,629**	**$ (162,687)**	**$ (6,632)**	**$ 2,501,876**

CYPRESS REGIONAL HEALTH AUTHORITY

Schedule of Internally Restricted Funds

(Capital and Operating Fund Equity)

for the year ended March 31, 2009

Schedule 4

	Balance, beginning of year	Investment income allocated	Annual allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, end of of year
Capital						
SHC Replacement Reserves						
Cypress Lodge	$ 125,541	$ 3,557	$ -	$ -	$ (3,411)	$ 125,687
Gull Lake Special Care Centre	106,710	3,024	-	-	(3,411)	106,322
Herbert Nursing Home	33,193	2,388	10,234	-	-	45,815
Western Senior Citizen Home	84,273	941	-	-	(3,411)	81,802
Total SHC	349,716	9,909	10,234	-	(10,234)	359,625
Other Internally Restricted Funds						
Saskatchewan Health Restricted						
SHIN Capital Fund	266,434	-	-	-	-	266,434
Diagnostic Imaging Funding 2006-07	127,100	-	-	(127,100)	-	-
Diagnostic Imaging Funding 2005-06	22,343	-	-	(22,343)	-	-
Facility Assessment funding 2006-07	639	-	-	(639)	-	-
Capital Funding Fiscal 2007-08	404,034	-	-	(404,034)	-	-
Infastructure Funding fiscal 2007-08	200,000	-	-	(200,000)	-	-
Facility Assessment funding 2007-08	10,000	-	-	(10,000)	-	-
Diagnostic Imaging Funding 2007-08	250,728	-	-	(250,728)	-	-
Patient Safety Funding 2007-08	903,409	-	-	(875,450)	-	27,959
Construction Funding 2007-08	83,645	-	-	(83,645)	-	-
Infastructure Funding fiscal 2008-09	-	-	4,240,000	(225,191)	-	4,014,809
Capital Funding Fiscal 2008-09	-	-	1,050,000	(329,623)	-	720,377
Patient Safety Funding 2008-09	-	-	811,588	-	-	811,588
Diagnostic Imaging Funding 2008-09	-	-	504,385	(44,531)	-	459,854
Maple Creek Facility funding	-	378	18,550,000	-	-	18,550,378
Swift Current Long Term Care Planning	-	-	450,000	-	-	450,000
Cypress Regional Hospital	-	-	400,000	-	-	400,000
Region restricted						
Eastend Wolf Willow Health Centre	53,644	-	-	-	-	53,644
Total Capital	$ 2,671,691	$ 10,287	$26,016,207	$(2,573,283)	$ (10,234)	$26,114,668
Total Internally Restricted Funds	**$ 2,671,691**	**$ 10,287**	**$26,016,207**	**$(2,573,283)**	**$ (10,234)**	**$26,114,668**

CYPRESS REGIONAL HEALTH AUTHORITY

CONSOLIDATED SCHEDULES OF

BOARD MEMBER REMUNERATION

for the year ended March 31,2009

Schedule 5

Board Member	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2009 total	2008 total
Lafreniere, Dennis	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,668
Bragg, Tyler	9,960	9,263	1,802	2,313	-	810	24,147	-
Anderson, Elaine	-	2,300	1,113	1,576	-	64	5,053	-
Busby, Pamela	-	850	344	864	-	52	2,110	-
Deg, Bruce	-	3,313	188	86	-	83	3,669	6,972
Donnelly, Lois	-	2,900	653	879	-	129	4,561	5,254
Duncan, Donald	-	600	280	802	-	-	1,682	-
Goddard, Betty	-	1,625	500	441	-	-	2,566	5,518
Heeg, Ronald	-	3,825	860	995	-	4	5,683	15,373
Quintin, Lyle	-	650	133	209	-	32	1,024	-
Schmaltz, Jeannine	-	2,650	1,200	1,586	-	132	5,568	7,349
Smith, Judy	-	850	356	562	-	53	1,822	-
Stephens, Larry	-	650	133	514	-	-	1,297	
Thibault, Alma	-	1,825	541	622	-	-	2,988	823
Walker, Louise	-	3,275	484	33	-	126	3,918	3,778
Whiteside, Brian	-	2,975	313	38	-	74	3,399	2,928
Wilson, Terry	-	675	233	102	-	-	1,009	-
Yee, Audrey	-	-	-	-	-	-	-	1,209
Total	$ 9,960	$ 38,225	$ 9,130	$ 11,621	$ -	$ 1,560	$ 70,497	$ 53,872

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES AND SEVERANCE

for the year ended March 31,2009

	2009					2008		
Senior Employees	Salaries [1]	Benefits and Allowances [2]	Sub-total	Severance Amount	Total	Salaries, Benefits and Allowances	Severances	Total
Jim Hornell - CEO	$ 167,597	$ 425	$ 168,022	$ -	$ 168,022	$ 157,611	$ -	$ 157,611
Kim Kruse - Director	64,794	-	64,794	-	64,794	62,675	-	62,675
Bryce Martin - Executive Director	96,352	-	96,352	-	96,352	93,200	-	93,200
Beth Vachon - Executive Director	128,813	482	129,295	-	129,295	113,029	-	113,029
Beth Adashynski - Executive Director	96,352	619	96,971	-	96,971	93,152	-	93,152
Darold Sturgeon - Executive Director	-	-	-	-	-	5,194	-	5,194
Edward Harding - Executive Director	127,683	-	127,683	-	127,683	57,215	-	57,215
Brenda Schwan - Executive Director	135,347	-	135,347	-	135,347	124,998	-	124,998
Christine Mirka - Executive Director	134,866	919	135,786	-	135,786	123,529	-	123,529
Dr. Khami Chokani - Medical Health Officer	160,809	2,451	163,260	-	163,260	149,923	-	149,923
Dr. I Radevski - Senior Medical Officer	122,794	-	122,794	-	122,794	114,586	-	114,586
Total	$1,235,408	$ 4,896	$1,240,305	$ -	$ 1,240,305	$1,095,111	$ -	$1,095,111

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

CYPRESS HEALTH REGION

429 4th Avenue NE, Swift Current SK S9H 2J9
Phone: (306) 778-5100 or Toll Free 1-888-461-7443 * Facsimile (306) 773-9513
www.cypresshealth.ca

AMBULANCE SERVICES

EMERGENCIES DIAL 9-1-1

COMMUNITY HEALTH SERVICES

ADDICTION SERVICES

Swift Current	778-5280
Maple Creek	662-5340

MENTAL HEALTH

Leader	628-3166
Maple Creek	662-5339
Shaunavon	297-2644
Swift Current	778-5280
(After Hours)	778-9522

PUBLIC HEALTH

APPOINTMENTS

Swift Current & Area	778-5280
Rural Areas	1-866-786-2510

Gull Lake	778-5184
Herbert	778-5287
Leader	628-3160
Maple Creek	662-4112
Ponteix	625-5102
Shaunavon	297-2644
Swift Current	778-5280

HEALTH CENTRES

Border Health Centre (Climax)	293-2222
Eastend Wolf Willow Health Centre	295-3534
Primary Health Care (PHC) Site	295-4184
Gull Lake Health Centre	672-4700
Hodgeville Health Centre (PHC) Site	677-2292
Ponteix Health Centre	625-3382
Prairie Health Care Centre (Cabri)	587-2623
Prairie View Health Centre (Mankota)	478-2200
Vanguard Health Centre (PHC) Site	582-2044

HOME CARE SERVICES

Cabri	587-2921
Climax	293-2241
Eastend	295-3834
Gull Lake	672-4707
Herbert	784-2466
Hodgeville	677-2276
Leader	628-3166
Mankota	478-2339
Maple Creek	662-5333
Ponteix	625-5103
Shaunavon	297-1989
Swift Current	778-9531
Vanguard	582-2044

HOSPITALS

Herbert & District Integrated Health Facility	784-2466
Leader Hospital	628-3845
Maple Creek Hospital	662-2611
Shaunavon Hospital & Care Centre	297-2644
Cypress Regional Hospital	778-9400
Day Surgery	778-9419
Diagnostic Imaging	778-9457
Emergency	778-9412
Health Records	778-9440
ICU	778-9413
Laboratory	778-9563
Medical/Surgical Floor	778-9400
Mental Health Unit	778-9522
Pre-Surgical Screening	778-9530
Social Work	778-9484
Telehealth Facilitator	778-9465
Therapy Services	778-9449
Women & Children Health Services	778-9418

LONG TERM CARE

Cypress Lodge (Maple Creek)	662-2671
Eastend Wolf Willow Health Centre	295-3534
Foyer St. Joseph Nursing Home (Ponteix)	625-3366
Gull Lake Special Care Home	672-4701
Herbert & District Integrated Health Facility	784-2466
Palliser Regional Care Centre (Swift Current)	778-5160
Prairie Health Care Centre (Cabri)	587-2623
Prairie Pioneers Lodge (Swift Current)	778-5192
Prairie View Health Centre (Mankota)	478-2200
Shaunavon Hospital & Care Centre	297-1980
Swift Current Care Centre	773-9371
Western Senior Citizens (Leader)	628-3565

SOUTHWEST TRAUMATIC EVENTS RESPONSE TEAM (TERT)

(After Hours)	778-9522

Compliments, Comments, Concerns
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www.healthlineonline.ca

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